C.L. "BUTCH" OTTER - Governor RICHARD ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 24, 2008

#### PLEASE NOTE CORRECTED RETURN DATES

Rod Jacobson Bear Lake Dialysis Center 164 South 5<sup>th</sup> Street Montpelier, Idaho 83254

RE:

Bear Lake Dialysis Center, provider #132304

Dear Mr. Jacobson:

Based on the survey completed at Bear Lake Dialysis Center on October 10, 2008 by our staff, we have determined that Bear Lake Dialysis Center is out of compliance with the Medicare ESRD Conditions of Participation on Long-Term Program & Care Plan (42 CFR 405.2137), Medical Records (42 CFR 405.2139) and Minimal Service Requirements (42 CFR 405.2163). To participate as a provider of services in the Medicare Program, a ESRD must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies, which caused this condition to be unmet, substantially limit the capacity of Bear Lake Dialysis Center to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567).

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before November 24, 2008. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than November 12, 2008.

Rod Jacobson October 24, 2008 Page 2 of 2

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

Viale Musical

If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

SC/mlw Enclosures

PRINTED: 10/24/2008 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	B0000	(X3) DATE SURVEY COMPLETED		
	ROVIDER OR SUPPLIER	132304 ER	1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	10/10/2008 ODE		
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V 000	Medicare recertific facility.  The surveyors conwere: Gary Guiles, RN, FPatricia O'Hara, Rider Acronyms used in ADL = Activity of DAMA = Against McCa = Calcium ESRD = End Stage IDT = Interdiscipling K+ = Potassium MD = Doctor of McPOC = Plan of CarPT = Patient PTH = Parathyroid RN = Registered NSNF = Skilled Nurs SQ = Subcutaneou TX = Treatment WT = Weight 405.2137 LONG-TPLAN  Each facility maintal long-term program to ensure that each appropriate modalicare within that mappropriate, parent	iencies were cited during the ation survey of your ESRD  ducting the recertification visit  HFS, Team Leader N, HFS  this report include:  raily Living dical Advice e Renal Disease ary Team  edicine e Hormone lurse	V 000	H E N(	CEIVEI IV 12 2008 TY STANDAR		
LABORATOR	Y DIREØTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 13T010

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		132304	B. WING		10/10/	2008
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V 185	This CONDITION is Based on record redetermined that the written Long Term I had been developed patients were involved.	view and staff interview, it was facility failed to ensure Programs and written POCs d and updated and that yed with the health team in the	V 1	Patients will be involved in the process. Short Term Care Plan updated to include a discussior regarding their treatment moda for the patient to sign and ackn participation in the process. (See	form has been with each patient lity and a place owledge their	11/3/08
	systemic failures re facility to direct staffindings include:  1. Refer to V188 as failure to ensure Lo developed by a prophysician, transplar	he cumulative effect of these sulted in the inability of the f in the care of patients. The s it relates to the facility's ng Term Programs were fessional team, including the st surgeon, a qualified nurse, a and a qualified social worker.		Part 1: An agreement has been University of Utah Transplant Dr. Thakur to determine based patient's transplant status and stransplant surgeon. All patients for a transplant will be referred of Utah Transplant Center and treatment options will be given attachment 2)	Center to allow on their criteria a sign in lieu of a deemed eligible to the University appropriate	11/4/08
	failure to ensure Lo updated at least eve 3. Refer to V192 as	s it relates to the facility's ng Term Programs were ery 12 months. s it relates to the facility's ere was a written POC for		Part 2: A chart audit form has I to ensure that all patients have Term Care Plan form at least a monthly if the patient is deeme interdisciplinary team. (See att	an updated Long nnually or d unstable by the	11/3/08
	each patient which the treatment presc assessment of the p  4. Refer to V193 as failure to ensure the	was based upon the nature of ribed and a current		Part 3: Each patient will be car quarterly or monthly if the pati unstable. (See attachment 1) A currently being used to ensure compliance on a monthly to me attachment 3)	ent is deemed chart audit is each chart is in	11/3/08
	psychological, social patients.  5. Refer to V195 as	it relates to the facility's patient in the development of		Part 4: Care plans have been cl for greater flexibility in determ patient's individual needs. This psychosocial needs as well as f (See attachment 1)	ining each includes	11/3/08
V 188		IG-TERM PLAN TEAM	V 18	Part 5: Patients now give input care and sign that they agree w treatment plan. (See attachmen	ith current	11/3/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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V 188	There is a written to the selection of a sidialysis or transplar (i.e., home, self-car developed by a probut is not limited to dialysis facility or courrently being trea center or facility who training (if not availate patient is being trea qualified nurse responding dietitian and the patients, (#s 2 and 4 Programs were review and a programs that were team, including the a qualified dietitian and the patients of the ensure all factors retreatment had been include:  1. The Long Term of the long treatment the Programs and 4 - 9 were review document the Programs and a history of drug and a history of drug dialysis or transplant to the ensure all factors retreatment the Programs and 4 - 9 were review document the Programs and a history of drug and a history of drug diagnoses of chronicand a history of drug diagnoses.	ong-term program representing uitable treatment modality (i.e., natation) and dialysis setting e) for each patient that is fessional team which includes the physician director of the enter where the patient is ted, a physician director of a ich offers self-care dialysis able at the location where the ented), a transplant surgeon, a consible for nursing services, and a qualified social worker.  Is not met as evidenced by: view and staff interview, it was facility failed to ensure 7 of 9 4 - 9) whose Long Term Care ewed, had Long Term care ewed, had Long Term edeveloped by a professional physician, transplant surgeon, and a qualified social worker. Inability of the facility to elated to the patients' modes of explored. The findings  Care Programs for Patients #2 ewed. The records did not eams were reviewed by the	enso Terr of the attace mad Tran sign	ng our chart audit form, we used that all patients have a m Care Plan signed by each ne interdisciplinary team. (Schment 4) An agreement has with the University of Utansplant Center to allow Dr. in lieu of the Transplant Suattachment 2)	Long member ee s been ah Thakur to	11/4/08	
		ng Term Program, indicating was dated 12/29/06. It was				4444	

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
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V 188	not signed by a trar the surgeon's involve the Program.  b. Patient #4 was a diagnoses of glome problems. He was 12/13/06 and was 09/23/08. A Long Tetreatment modality, not signed by the so surgeon, document development of the c. Patient #5 was and diagnoses of end sterm cardiac disease facility on 6/28/06. occurred on 8/20/08 week. A Long Tern treatment modality, not signed by the disurgeon, document development of the d. Patient #6 was a diagnoses of renal to depression. She be 5/30/06 and was cut A Long Term Programodality, was dated by a transplant surgeon.	resplant surgeon, documenting vement in the development of the system of	V	188	See page 3 of 74		
	diagnoses that incluand Multiple Myelon	74 year old male with ided ESRD, prostatic cancer na. He was admitted to the A Long Term Program,					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURBLIED/CLIA

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		NG	COMPLE	
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	NAME OF PROVIDER OR SUPPLIER  BEAR LAKE DIALYSIS CENTER			'	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
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V 188	indicating treatment It was not signed by transplant surgeon, involvement in the control	t modality, was dated 8/20/08.  a physician, a dietician or a documenting their development of the Program.	V	188	See page 3 of 74		
	diagnoses of renal admitted to the faci Program, indicating dated 6/5/06. It did						
	diagnoses of renal she was admitted to Long Term Program modality, was dated signatures of a physicietician or a transp	60 year old female with failure, diabetes and stroke. to the facility on 3/28/08. An, indicating treatment 4/4/08. It did not contain the sician, a social worker, a clant surgeon, documenting the development of the					
	at 1:00 PM. She co signatures were not transplant surgeon	r was interviewed on 9/25/08 onfirmed that the required present. She further stated a had not been involved in the Long Term Programs.					
V 189	were developed by the physician, trans dietician and a qual	ensure Long Term Programs a professional team including plant surgeon, a qualified ified social worker. IG-TERM PLAN: REVIEWED	٧.	189			
		nally reviewed and revised in y by a team which includes but					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 189	is not limited to the dialysis facility or copresently being treapersonnel listed in pat least every 12 moindicated by the pat	physician director of the physician director of the enter where the patient is ated, in addition to the other paragraph (a)(1) of this section onths or more often as tient 's response to treatment 1) and §405.2170(a).	er To of ar ag	sing our chart audit form, we leaved that all patients have a learn Care Plan signed by each of the interdisciplinary team at leaved and the interdisciplinary team at leaved and the greement has been made with the inversity of Utah Transplant Care	Long member east the	11/4/08
	This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to ensure the Long Term Program was updated at least every 12 months for 5 of 5 patients (#2, 4 - 6, and 8) who had dialyzed at the facility for at least 18 months. This resulted in the inability of the facility to ensure patients' modes of treatment were evaluated as their needs changed. The findings include:		al	of the ment 2)		
	#2, 4 - 6, and 8 wer not document that t	Care Programs for Patients e reviewed. The records did heir Long Term Care lated at least every 12 months				
₽°	diagnoses of chroni and a history of dru- the facility on 6/30/0 as of 9/23/08. A Lo treatment modality,	54 year old male with ic kidney disease, diabetes, g abuse. He was admitted to 26 and was currently a patient ang Term Program, indicating was dated 12/29/06. No 25 Long Term Programs were ant's medical record.				
	diagnoses of glome	n 89 year old male with rulonephritis and cardiac admitted to the facility on				

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V 189  Continued From page 6  12/13/06 and was currently a patient as of 9/23/08. A Long Term Program, indicating treatment modality, was dated 12/29/06. No subsequent, updated Long Term Programs were present in the patient's medical record.  c. Patient #5 was an 86 year old male with diagnoses of end stage renal disease and long term cardiac disease. He began dialysis at the facility on 6/28/06. His last dialysis treatment occurred on 8/20/08 and he died the following week. A Long Term Program, indicating treatment modality, was dated 12/20/06. No subsequent, updated Long Term Programs were present in the patient's medical record.  d. Patient #6 was a 61 year old female with diagnoses of renal failure, diabetes and depression. She began dialyzing at the facility on 5/30/06 and was currently a patient as of 9/23/08. A Long Term Program, indicating treatment modality, was dated 12/20/06. No subsequent, updated Long Term Programs were present in the patient's medical record.  e. Patient #8 was an 89 year old female with diagnoses of renal failure and diabetes. She was admitted to the facility on 6/5/06. One Long Term Program was present in her medical record, dated 6/5/06. No subsequent, updated Long Term Programs were present in the patient's medical record.  The Nurse Manager was interviewed on 9/25/08 at 1:00 PM. She confirmed that no updated Long Term Programs were found in the patients' records. Additionally, the facility Administrator was interviewed on 9/25/08 at 4:00 PM. He stated the Long Term Programs had not	

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V 189	Continued From pa	ge 7	V 189				
	been updated since	e they were developed.		See page 6 of 74			
V 192	and setting for all p updated, by a profe twelve months or a needs.	ensure the treatment modality atients was reviewed and ssional team, at least every s indicated by changing patient NT CARE PLAN: WRITTEN, SED	V 192	-			
	patient of an ESRD dialysis patients und ESRD facility; see § nature of the patien	atient care plan for each facility (including home der the supervision of the \$405.2163(e)), based upon the t's illness, the treatment assessment of the patient's	. I . I . I . I	n order to ensure that each patie olan of care is consistent with the orders for each patient, Dr. That reviews and signs each patient's form monthly following patient olan meeting. (See attachment 5	ne written our now our Kardex care out This	11/6/08	
	Based on record re determined that the was a written POC based upon the nat and an assessment 9 patients (#s 2 and reviewed. This rest consistent with physics assessments of patients of	s not met as evidenced by: view and staff interview, it was facility failed to ensure there for each patient which was ure the treatment prescribed t of the patients' needs for 8 of 1 4 - 10), whose POCs were ulted in POCs which were not sician orders and current tients' needs. Findings	1	form will serve as initial orders month. Any changes to these or be documented in the Physician section of each patients chart. Daudit process all patient Kardex being checked against physician	ders will 's Orders ouring the are also		
	include:  1. The POCs for Pareviewed. The plant prescribed physicia follows:  a. Patient #7 was a diagnoses that inclu	atients #7, 9, and 10 were is were not consistent with the in's treatment orders as  74 year old male with ided ESRD, prostate cancer					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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V 192	facility on 8/20/08. orders, dated 8/20/0 size F160. The Karup of daily treatment F200 size dialyzer. for the change in diamonder, dated 8/2 2K/2.5Ca dialysate reflecting the POC, bath was being use found for a change Initial MD prescription numerical value Kardex, used for date called for a dialysate There was no substindicate the dialysate POC did not reflect prescription.  b. Patient #9 waş a diagnoses of renal for She was admitted to orders, dated 4/4/08 3.75 hours three time MD order document in treatment time to sheets showed the remained at 3 hours The Kardex, used for dialyzer size of F160 7/15/08, called for a F200. Also, an MD for a dialysate bath order, dated 8/11/08 dialysate bath be us only." The Kardex at the same called the same called same called for a factor of the factor	His record included MD D8, which called for a dialyzer rdex, which was used for set ats, the POC called for using a There was no MD order found alyzer size. Additionally, an 20/08, called for use of a bath. However, the Kardex, showed a 3K/2.5Ca dialysate d. There was no MD order in the dialysate bath.  On orders, dated 8/20/08, had for dialysate flow rate. The aily treatment parameters, the flow rate of 800ml/minute. The aily treatment parameter. The stream of the prescribed dialysis  60 year old female with failure, diabetes and stroke. The stream of the facility on 4/4/2008. MD and the facility on 4/4/2008, and the facility on 4/4/2008, and the dialysis for the facility on time only change a hours. Review of treatment patient's treatment time had a since the 5/3/08 MD order. Or daily treatments, indicated a change in dialyzer size to an order, dated 4/4/08, called strength of 3K/2.5Ca. An MD and the daily treatment sheets and daily treatment sheets	V	192	See Page 8 of 74		

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V 192	continued until 9/24 subsequent MD ord the continued use of	~	V	192	See Page 8 of 74		
	diagnoses of renal and congestive hea the facility on 6/2/08 indicated a dialysate The Kardex, update daily treatment paraflow rate of 800ml/r indicating a change	a 73 year old male with failure, diabetes, hypertension of failure. He was admitted to 3. MD orders, dated 6/2/08, as flow rate of 600ml/minute. And on 9/19/08 and used for ameters, indicated dialysate ninute. No MD order, in the dialysate flow rate, was POC did not reflect the prescription.					
	dialysate bath stren 6/2/08, indicated a 3 used for the patient Interdisciplinary Pat noted the patient wa 1K/2.5Ca dialysate Patient Care Plan, owas being treated w Individual run sheet indicated the patien 1K/2.5Ca dialysate orders documented until 9/24/08 orderin a change in the dialysate of the patien and the patien and the patien are the patien	/2/08, did not specify a gth. A treatment sheet, dated BK/2.5Ca dialysate bath was streatment. The ient Care Plan, dated 7/7/08, as being treated with a bath. The Interdisciplinary dated 9/3/08, stated the patient with a 2K/2.5Ca dialysate bath. s, dated 9/10 through 9/24/08, t was being treated with a bath. There were no MD during the time period 6/2/08 g a dialysate bath strength or ysate bath strength. The the prescribed dialysis					
	at 2:00 PM. She rev	was interviewed on 9/25/08 viewed the above medical led that care plans were not					TO THE PROPERTY OF THE PROPERT

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT A. BUILDING			(X3) DATE SURVEY COMPLETED	
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V 193	written according to The facility failed to care plans were writereatment prescribes.  2. Refer to V193 a failure to ensure papersonalized and ir psychological, social for Patient #'s 2 and 405.2137(b)(1) PATINDIVIDUALIZED  The patient care plaindividual, reflects the functional needs of ESRD and other caindividualized modinecessary to achieve term goals.  This STANDARD is Based on record redetermined that the was a written POC 10), whose POCs vialled to ensure PO included psychologineeds of the patien.  1. The POCs for Pereviewed. The plantid not include psychologineeds of the patien.	o MD prescriptions.  ensure that individual patient litten accurately, based on the ed by the physician.  s it relates to the facility's tients' POCs were included comprehensive al, and functional information		193	Each member of the interdisc team will meet at a care plan meeting to be held at least m During this meeting, each paindividually discussed and gropportunity to have input interpersonalized plan of care. At plan of action and goal will be each issue or concern identif.  During the month following planning meeting each discip meet with patients individual discuss any issues or concern and make a note of their disciplinary progress section of each patient chart monthly. This will include the dietician, social worker, and of the nursing staff.	ning onthly. tient will be iven an their this time the set for ied.  each care thine will the to as identified the sussion in a notes at least the physicia	a ed
,	diagnoses of chroni	t 54 year old male with c kidney disease, diabetes, g abuse. He was admitted to		***************************************	or are naroung starr.		***************************************

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		132304	B. WIN	IG		10/1	0/2008
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	<b>ER</b>		16	EET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET IONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 193	the facility on 6/30/0 as of 9/23/08. A ps 7/19/06, stated the abdominal surgerie evaluation said the depression. He als Conference" note, vidated 7/8/08, stated evaluate the patient notes by the social in the record. On 9 social worker stated much as anyone. If the patient was depfor social services, needs, had not bee b. Patient #4 was a diagnoses of glome problems. He was 12/13/06 and was consistence with mosaid the social work assistance with mosaid the social work assistance for her by plan was not in place transportation issued during interview with at 12:00 noon. Add 9/25/08 at 2:00 PM, anxious and had transportation issued during interview with at 12:00 noon. Add 9/25/08 at 2:00 PM, anxious and had transportation issued during interview with at 12:00 noon. Add 9/25/08 at 2:00 PM, anxious and had transportation issued the patient treatment. She continued to the patient treatment.	of and was currently a patient sychosocial history, dated patient had undergone 31 s and had constant pain. The patient had a history of o lived alone. A "Case written by the physician and d the social worker was to for depression. No progress worker in 2008 were present /25/08 at 12:00 noon, the d he had helped Patient #2 as the social worker confirmed by the social worker confirmed the social worker as specific plan which addressed Patient #2's	V ·	193	See Page 11 of 74		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	IG		
		132304	B. WING			10/10/2008	
	ROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	≣R		1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 193	Continued From pa	ge 12	ν.	193			
	diagnoses of end sterm cardiac diseas facility on 6/28/06.	n 86 year old male with tage renal disease and long se. He began dialysis at the His last dialysis treatment 8 and he died the following			See Page 11 of 74		
	fractured hip. His of January 2008, state wt (without) 2 assis actions staff were to	ient had surgery for a current POC, which began in ed "Mobility Needs: can't bear t." The plan did not include to follow to transfer and in order to keep him safe and dialysis.					
	pt to come for (trea witnesses sign AM/ Epogen SQ." The reasons the patient	d "Continuous struggle to get tment) consistently. Having 2 A form when he refused & give plan did not assess the refused to come for treatment assist Patient #5 to accept					
	"PT VERY CONFU: HAND WITH STAF YELLING." A run s "DURING THE TX, UPSET/AGGRESS TO TAKE HIM OFF AND ONE ON ONE TO 3 HOURS." TW	IVE/YELLING AT NURSES TX. MUCH REASSURANCE REQUIRED TO GET HIM to other run sheets in August the patient was agitated and			,		
	and develop and im	pdated to assess the behavior plement actions to decrease level and prevent recurrences					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
	·	132304	B. WING	- viii — ninuska krisuskuuninna kanninnisti kunna kanna k	10/10/2008	
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER		REET ADDRESS, CITY, STATE, ZIP COI 164 SOUTH 5TH STREET MONTPELIER, ID 83254	DE ·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
V 193	of the agitated behat the RN, who was in PM.  d. Patient #6 was a diagnoses of renal depression. She be 5/30/06 and was current The RN, interviewed stated the patient from facility for dialysis the staff had stopped promachine until the patient would come or not. The patient stated Patient #6 had center and needed considered for transpatient was going to program. However, her POC.  e. Patient #7 was a diagnoses of renal from Both diagnoses wer last six weeks, account was interview on 9/2 an IDT Patient Plan patient's record. All standardized by the indication that the phis psychosocial addiagnoses nor any interview on and the phis psychosocial addiagnoses of renal from patient's record. All standardized by the indication that the phis psychosocial addiagnoses nor any interview on any interview	aviors, which was confirmed by terviewed on 9/25/08 at 2:00  61 year old female with failure, diabetes and egan dialyzing at the facility on rrently a patient as of 9/23/08. If on 9/25/08 at 2:00 PM, equently did not present to the eatments. The RN stated reparing the patient's dialysis atient was actually in the fidd not know if the patient. This was not addressed on service note, dated 7/18/08, and talked with a transplant to lose 40 pounds to be splant. The note said the extra on a weight loss this was not addressed on  74 year old male with failure and multiple myeloma. The new to the patient within the patient within the patient to the patient's wife who be 22/08 at 3:00 PM. There was of Care, initiated 9/08, in the patient needs were computer. There was no atient had been assessed for	V 193	See Page 11 of 74		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2 IDENTIFICATION NUMBER:			IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	≅R		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 193	diagnoses of renal been dialyzing at the psychosocial assess assessment update the social worker for patient was living wambulatory. Since transferred to a SN requiring mechanical there had been no social worker since needs associated windependence and When interviewed of patient stated that is facility had a social g. Patient #9 was a diagnoses of renal the same shewas admitted the was an IDT Patient in the patient's reconstandardized by the area where addition #9, could be address record showed Patient was an IDT patient in the patient's reconstandardized by the area where addition #9, could be address record showed Patient was the first two went home, where is needs were identified this patient's changeneed for assistance administration.  h. Patient #10 was a diagnoses of renal from and congestive hear	79 year old female with failure and diabetes. She had e facility since 2006. Her last sment was dated 8/06. No is had been documented by r two years. At that time the ith her son and was that time, the patient had F and was wheelchair bound, all assistance for transfers. contact documented by the 8/06 to address additional with the patient's loss of mobility.	V	193	See Page 11 of 74		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		132304	B. WING			10/10	/2008
	PROVIDER OR SUPPLIER	ER		16	EET ADDRESS, CITY, STATE, ZIP CODE 34 SOUTH 5TH STREET IONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
V 193	initiated 6/2/08. Al standardized by the titled "Access State the computer "to minfection free". The the individual need his vascular access documented he haplacement on 6/29, new access or a plincluded on the car. The Nurse Manage at 2:00 PM. She records and confirm written to address of the facility failed to personalized and in social, and function 405.2137(b)(3) PA INVOLVED  The patient, parent appropriate, is invocare plan, and due preferences.  This STANDARD Based on record restaff interview, it was to ensure 8 of 9 parecords were review development of the inability of staff to ewere considered.	ient #10's medical record, patient needs were computer. Under the area us", a goal was generated by raintain functioning and ere was no area to document s of Patient #10 pertaining to s. Further, the patient's POC d permanent vascular access /08. No assessment of this an for using this access was			Monthly patients will be specifinformed of current issues or cidentified by the interdisciplina and be given the opportunity to their concerns regarding their tand plan of care. Additionally will sign the Short Term Care stating that they have been invite care planning process and the plan as it is written. (See at 1) Any patient concerns identibe considered and implemente possible.	oncerns ary team of address reatment patients Plan form olved in agree with ttachment fied will	11/3/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
		132304	B. WIN	IG		10/10/2008	
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER		16	EET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET ONTPELIER, ID 83254	umbana nonon menjaran sarah	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 195	reviewed and include a. Patient #8 was a diagnoses of renal admitted to the facil Interdisciplinary Plaincluded in the clinic patient's signature. was interviewed on stated that, "I just le supposed to". She planning conference b. Patient #7 was a diagnoses that incluand Multiple Myelor facility on 8/20/08. Plan of Care, dated record. It documen However, when the interviewed, on 9/22 that she and the patients.	ded the following:  In 89 year old female with failure and diabetes. She was lity on 6/5/06. An In of Care, dated 1/7/08, was cal record. It contained the However, when the patient 9/23/08 at 8:00 AM, she of the girls do what they're was not aware of the care le.  In 74 year old male with lided ESRD, prostatic cancer ma. He was admitted to the An Interdisciplinary Patient 9/08, was found in the clinical ted the patient's signature. patient's wife was 12/08 at 3:00 PM, she stated tient did not know what a care		95	See Page 16 of 74		
	patient could only enfrom "scratch".  c. Patient #4 was a diagnoses of glome problems. He was a 12/13/06 and was c 9/23/08. The patient 9/24/08 at 8:15 AM, the patient had been of Patient #4's POC d. Patient #2 was a diagnoses of chronicand a history of drug	r understanding that the at foods prepared at home in 89 year old male with rulonephritis and cardiac admitted to the facility on urrently a patient as of at's spouse was interviewed on She stated neither she nor included in the development					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		132304	B. WING		10/1	0/2008
	ROVIDER OR SUPPLIER	≅R	16	EET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET ONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
V 195	as of 9/23/08. This signature. However Patient #2 had part the plan of care ware. Patient #5 was a diagnoses of end sterm cardiac disease facility on 6/28/06. occurred on 8/20/08 week. An Interdisciple dated 1/21/08, was record. It contained However, no documparticipated in the ocare was included in f. Patient #6 was a diagnoses of renal depression. She be 5/30/06 and was cure An Interdisciplinary 1/7/08, was docume record. The patient However, no documparticipated in the docare was included in g. Patient #9 was a diagnoses of renal to She was admitted to Interdisciplinary Pla included. It contain However, no documparticipated.	plan contained the patient's r, no documentation that cipated in the development of s included in his record.  an 86 year old male with tage renal disease and long se. He began dialysis at the His last dialysis treatment and he died the following iplinary Patient Plan of Care, documented in his clinical at the patient's signature. In the patient signature in the patient of the plan of in his record.  61 year old female with failure, diabetes and egan dialyzing at the facility on rrently a patient as of 9/23/08. Patient Plan of Care, dated ented in the patient's clinical is had signed the POC. In the plan of the plan of in her record.  60 year old female with failure, diabetes and stroke. On the facility on 3/28/2008. An of Care, dated 4/7/08, was sed the patient's signature. In that Patient #9 had evelopment of the plan of	V 195	See Page 16 of 74		
		a 73 year old male with ailure, diabetes, hypertension				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 195	and congestive heat the facility on 6/2/20 of Care, dated 6/2/20 the patient's signature documentation that in the development included in his reconstruction. When the Nurse May 9/25/08 at 1:00 PM, the patients' signature had taken place. So patients were not in and that the conference non-dialysis days.  The facility failed to in the development 405.2139 MEDICAL The ESRD facility in records on all patients within the so dialysis patients who supervision of the facepted profession A member of the faces.	art failure. He was admitted to 208. An Interdisciplinary Plan 208, was included. It contained are. However, no Patient #10 had participated of the plan of care was rd.  anager was interviewed on she stated that she obtained are after the care conferences he also stated that the vited to the care conferences ences take place on  ensure patients were involved of their POCs.  RECORDS  maintains complete medical ants (including self-dialysis elf-dialysis unit and home ose care is under the acility) in accordance with all standards and practices. cility's staff is designated to		195	See Page 16 of 74		
	and ensures that all documented, completely they are completely readily available, an	of medical records services, records are properly leted, and preserved and that and accurately documented, d systematically organized to ation and retrieval of					
	Based on record rev determined that the	s not met as evidenced by: view and staff interview it was facility failed to ensure ecords were maintained for 9					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup>	TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
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	PROVIDER OR SUPPLIER  AKE DIALYSIS CENT	ER		REET ADDRESS, CITY, STATE, ZIP COI 164 SOUTH 5TH STREET MONTPELIER, ID 83254	). DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
V 230	of 9 patients (#2-10 were reviewed. The systemic failures refacility to document provided to patients.  1. Refer to V231 as failure to ensure measurement and tree.  2. Refer to V232 as failure to ensure medocumented evider of the patients' nee.  3. Refer to V234 as failure to ensure part comprehensive PO.  4. Refer to V241 as failure to ensure part comprehensive PO.  4. Refer to V241 as failure to ensure part comprehensive PO.  4. Refer to V241 as failure to ensure part comprehensive PO.  4. Refer to V241 as failure to ensure medical receives accurately.  This STANDARD is Based on review of interview, it was defensure medical receinformation to document to document provided.	D), whose medical records to expect the expect of these expected in the inability of the total the care that had been in the care that had been in the facility's edical records contained on to document the exament provided to patients.  It relates to the facility's edical records contained income regarding the assessment in the exament provided to patients.  It relates to the facility's edical records contained income regarding the assessment in the exament provided to patients.  It relates to the facility's edical records contained in the exament in the patient clearly, to justify reatment, and to document the intermined the facility failed to ords contained sufficient ment the assessment and to 7 of 9 patients (#s 2 - 8),	V 230	Bear Lake Dialysis Center the Facility Administrator as the supervisor of medic Currently he is using a new chart audit system (see attensure that all required elepresent and orderly in each and each dialysis prescript with signed physician order.	cach Phelps al records.  Wly developed achment 3) to ements are a patient characion is accurate ers.  In patient characion is accurate ers.  In patient characion is accurate ers.  In patient characion is accurate en patient characion is accurate en is accurate en is accurate	11/6/08
	whose records were	e reviewed. The lack of ed the facility from providing				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MI IDENTIFICATION NUMBER:  A. BUIL			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTE	R		16	EET ADDRESS, CITY, STATE, ZIP COD 44 SOUTH 5TH STREET ONTPELIER, ID 83254			
PREFIX (EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
individual patient need diagnoses of chronic and a history of drug the facility on 6/30/06 as of 9/23/08. His recomplete information a. Case Conference The notes were miniformation include who was presexample, the Case Costated "Doing well 50 5 laboratory values of mark after albumin; of Mineral Density), was (illegible) Sensipar (if the category "Weight" "stable"; blood pression control were listed as medications" was wore of other information of the physician.  2. Patient #3 was a 9 diagnoses of chronic diabetes. He was ad 7/2/08 for his first dia a patient as of 9/23/0 orders for medications.	t treatments and satisfying eds. The findings include:  64 year old male with ckidney disease, diabetes, abuse. He was admitted to 6 and was currently a patient ecord did not include as follows:  e notes were hand written. It imal, not signed, and did not issent at the conference. For Conference notes for 9/18/08 D PTH"; laboratory results for were listed with a question under the label of BMD (Bone's documented "improving increased) Zemplar"; under t gain/loss" the note stated sure control and diabetes is "Good"; under "current itten "added". No signatures were listed on the form.  Ian orders for medication mented between 6/6/08 and a orders were signed by the changes were documented 9/16/08. None of the orders	V	231	See page 20 of 74			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ER .	-	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 231	3. Patient #4 was and diagnoses of glome problems. He was 12/13/06 and was 0 9/23/08. His record information as follows. Case Conference These were minimal include who was problem. Eight verbal physichanges and other between 6/9/08 and orders were signed 4. Patient #5 was and diagnoses of end st term cardiac diseas facility on 6/28/06, occurred on 8/20/08	n 89 year old male with rulonephritis and cardiac admitted to the facility on urrently a patient as of did not include complete ws:  e notes were hand written.  I, were not signed, and did not esent at the conference.  sician orders for medication items were documented 8/25/08. None of these by the physician.  n 86 year old male with age renal disease and long e. He began dialysis at the His last dialysis treatment and he died the following id not include complete	V	231	See page 20 of 74		
	comply with schedul noted in Patient #5's were dated 6/9/08 a was not dated. No the record which do to the forms including assessment, and action b. Case Conference hand written. The resigned, and did not the conference.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 231	changes and other between 6/6/08 and were signed by the 5. Patient #6 was a diagnoses of renal depression. She be 5/30/06 and was cut Her record included for medication char 6/11/08 and 9/15/08 signed by the physi 6. Patient #7 was a diagnoses that included and Multiple Myelor facility on 8/20/2008 8/20/08 to 9/22/08 ynot include complet a. No assessment present in Patient # b. One case confer found in the clinical signed and did not include to the facility on 5/30/08 pietary notes were conference. Under action plan for nine encourage and sup documented on indithe patient consiste 5-6 kilograms over	items were documented I 8/12/08. None of the orders physician.  61 year old female with failure, diabetes and egan dialyzing at the facility on irrently a patient as of 9/23/08. I eight verbal physician orders ages and other items between B. None of the orders were cian.  74 year old male with uded ESRD, prostatic cancer ma. He was admitted to the B. His medical record from was reviewed. The record did the information as follows:	V	231	See Page 20 of 74		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING	(X3) DATE SU COMPLE	
	,	132304	B. WING		10/10/2008	
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	≣R	S	STREET ADDRESS, CITY, STATE, ZIP COI 164 SOUTH 5TH STREET MONTPELIER, ID 83254	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
V 231	excess of fluid, pote cardio/respiratory full 8. Refer to V241 as failure to ensure the #2 and 4-9 contained	entially affecting unctions.  it relates to the facility's medical records for Patients	V 23	see Fage 20 01 24	,	
	of assessment of the This STANDARD is Based on review of interview, it was detensure medical receividence of assess patients (#s 2-5 and reviewed. The lack prevented the facility adequately meet the 1. Patient #2 was a	contain documented evidence he needs of the patient.  s not met as evidenced by: clinical records and staff termined the facility failed to ords contained documented ment for the needs for 8 of 9 d 7-10), whose records were of current assessments by from being able to e patient's current needs.		All patients are currently to monitored for dietary, sociand nursing services needs discipline has developed a individualized patient assective (see attachments 6-8) that updated at least annually we providing input and directive presence of these assessments being checked during the rauditing process. (See attachments 6-8)	ial services, is. Each specific and essment form will be with the patier ion. The ents is also monthly chart	11/5/08
	diabetes. He was a 6/30/06 and was cu Patient #2's record of his current needs  a. No documentation nutritional and diete	on of assessing Patient #2's tic needs, recommending a		Additionally an education been instituted in each patie will document when patier education from any member interdisciplinary team. (See 9)	ent chart that its receive or of the	11/7/08
	present in his record dietary progress not the record.  The dietician was in PM. She stated she	dietary counseling was d in 2008. Additionally, no tes for 2008 were present in terviewed on 9/24/08, at 4:10 e spoke with patients and laboratory results at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		132304	B. WING	5	10/10/2008	
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CO 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
V 232	least once per monwell. She said she documenting what patients. When as current patients wit beyond the restater medication change b. No documentati Patient #2's psychopresent in the recordevaluation had not A "Case Conference physician and dated worker was to evaluation had progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties worker was to evaluate the paties. The social were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties. The social were present in the confirmed the paties worker said no progress notes were present in the confirmed the paties. The social were present in the confirmed the paties worker was to evaluate the paties. The social were present in the record that the paties worker was to evaluate the paties. The social were present in the record the paties worker was to evaluate the paties. The social were present in the confirmed the paties worker was to evaluate the paties. The social were present in the record the paties worker was to evaluate the paties. The social was a diagnose of chron diabetes. The was a diagnos	oth but did not document this was not always consistent dietary handouts she gave to ked, she stated there were not he documented assessments ment of laboratory tests and s.  on of an assessment of esocial needs in 2008 was red. An updated psychosocial been completed since 7/19/06. The red 7/8/08, stated the social late the patient for depression. By the social worker in 2008 record. The social worker in was depressed. The social gress notes had been written in its social service plan was in worker said no psychosocial in completed since 2006.  91 year old male with its kidney disease and admitted to the facility on ialysis ever and was currently //08. Patient #3's record did ments of his current needs as tion was not present in his an, interviewed on 9/24/08, at lietary evaluation had not been evaluation was not present in cial worker, interviewed on	V 23	See Page 24 of	74	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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V 232	psychosocial evaluations and iagnoses of glome problems. He was 12/13/06 and was 09/23/08. Patient #4 assessments of his a. No documentation nutritional and diete therapeutic diet, or present in his recordictary progress no the record.  The dietician was in PM. She stated shore per monwell. She said she documenting what opatients. When ask current patients with beyond the restater medication changes b. A current social included in his recointerviewed on 9/25 progress notes had social service asses 2006. The patient welderly spouse and had documented no average of 197 min September, 2008 in problems.	ation had not been completed.  In 89 year old male with erulonephritis and cardiac admitted to the facility on currently a patient as of its record did not include current needs as follows:  In of assessing Patient #4's etic needs, recommending a dietary counseling was d in 2008. Additionally, no tes for 2008 were present in terviewed on 9/24/08, at 4:10 e spoke with patients and laboratory results at the but did not document this was not always consistent dietary handouts she gave to ked, she stated there were no in documented assessments ment of laboratory tests and is.  Service assessment was not red. The social worker, 1/08 at 12 noon, stated no been written in 2008 and no esment had been done since was elderly, lived with an was on a fixed income. He on-compliance, dialyzing an utes each treatment during istead of his ordered 240	V	232	See Page 24 of 74		
	minutes per treatme	yî th.					Autonomorphy

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	R	16	EET ADDRESS, CITY, STATE, ZIP COD 4 SOUTH 5TH STREET ONTPELIER, ID 83254			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
V 232	4. Patient #5 was a diagnoses of end sterm cardiac diseas facility on 6/28/06. occurred on 8/20/08 week. Patient #5's assessments of his a. No documentation nutritional and diete therapeutic diet, or present in his record dietary progress no the record. The die at 4:10 PM, stated thome and had dieta	ge 26 n 86 year old male with rage renal disease and long se. He began dialysis at the His last dialysis treatment 8 and he died the following record did not include current needs as follows: on of assessing Patient #5's stic needs, recommending a dietary counseling was d in 2008. Additionally, no tes for 2008 were present in tician, interviewed on 9/24/08, he patient resided in a nursing ary notes in the nursing home cumentation in the facility	V 232	See Page 24 of 74			
	included in his reco- interviewed on 9/25 #5 was not complian "over and over agai notes had been writ service assessment 5. Patient #7 was a diagnoses of renal f He had been underg the facility since Aug record did not include needs as follows: a. There was no do psychosocial assess been done since he the patient's wife, wi	service assessment was not rd. The social worker, /08 at 12 noon, stated Patient nt with his dialysis treatment n". He stated no progress ten in 2008 and no social thad been done since 2006.  74 year old male with ailure and multiple myeloma going dialysis treatments at gust, 2008. Patient #7's de assessments of his current cumentation that a sment for patient needs had started dialysis. According to no was interviewed on 9/22/08 ent had received both the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
V 232	diagnosis of multipl both life threatening weeks. Assessmer possible psychosochave had in dealing interviewed on 9/25 Worker confirmed trassessment had not #7.  b. There was no do dietary assessment During interview on patient's wife indicated patient's meals. Ship misconceptions about the post of the pos	e myeloma and renal failure, gillnesses, in the last six nt was indicated to determine dial problems the patient might with these diagnoses. When 1/08 at 12 noon, the Social hat an initial psychosocial of been completed for Patient occumentation that a thorough had been done for Patient #7. 9/22/08 at 3:00 PM, the ted that she prepared the	V 2	232	See Page 24 of 74		
	further stated that s dietician.  The dietician was in PM. She stated she regarding their diets least once per mont well. She said she documenting what opatients. When ask current patients with beyond the restaten medication changes 6. Patient #8 was a diagnoses of renal f been dialyzing at the #8's record did not i current needs as follows.	79 year old female with ailure and diabetes. She had a facility since 2006. Patient nclude assessments of her					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
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PREFIX (EACH	I DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
8/2006. documer At that tir and was had trans bound, re transfers documer address: patient's  When ir patient st facility ha  b. Patier documer documer the patiel 5-6 kilogr potential excess o cardio/re  Howeve dietician had been  The dietic PM. She regarding least onc well. She documen patients. current patients. current patients. current patients.	anted by the me the pat ambulator of the pat ambulator of the pat additional loss of induction and a social at #8's recorded consisted on induction at consister ams over indicator to fluid, pote spiratory for there was a provided consister and a social at #8's recorded consister and the consister an	ment updates had been social worker for two years. ient was living with her son y. Since that time, the patient a SNF and was wheelchair echanical assistance for ad been no contact. Social Worker since 8/2006 to needs associated with the ependence and mobility.  on 9/23/08 at 9:00 AM, the she did not know that the worker.  ords, dated 5/30/06 to 9/22/08 stent fluid overload. It was ividual treatment sheets that ently left the unit after dialysis her dry weight, which was a hat the patient was carrying an entially affecting unctions.  as no documentation by the sment or patient education to Patient #8.  Interviewed on 9/24/08, at 4:10 to spoke with patients at the but did not document this was not always consistent dietary handouts she gave to keed, she stated there were no in documented assessments ment of laboratory tests and	V	232	See Page 24 of 74		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
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V 232	7. Patient #9 was a diagnoses of renal f She was admitted to while she was a hose She was discharged Discharge from the between 5/12/08 and psychosocial assess indicated the patient hospital. A treatment indicated the patient treatment at the fact reassessments docton after her discharge increased needs resulving situation.  8. Patient #10 was diagnoses of renal for congestive heart fail treatments at the fact record did not include needs as follows:  An undated, incomp documented in the preferences, likes of Nutritional education family" under the heand "recipes/eating assessment or education documented.	a 60 year old female with failure, stroke and diabetes. of the facility in March 2008 spital inpatient.  If home on an unknown date, hospital occurred sometime and 9/15/08. An initial sment, dated 5/12/08, to was an inpatient at the int sheet, dated 9/15/08, to arrived from home for her illity. There were no umented by any disciplines, home, to evaluate possible sulting from her change in a 73 year old male with ailure, diabetes and lure. He started dialysis cility on 6/02/08. Patient #10's de assessments of his current elete dietary assessment was patient's record. No food or dislikes were noted. In said, "handouts to pt. and adings "diet lab relationship" out tips". No further cation notes were	V	232	#		
	regarding their diets least once per mont	and laboratory results at h but did not document this vas not always consistent					

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V 232 V 234	documenting what patients. When as current patients wit beyond the restate medication change  The facility failed to assessed and update	dietary handouts she gave to ked, she stated there were no h documented assessments ment of laboratory tests and s.  ensure patient's needs were ated on a routine basis.	V 232 V 234	See Page 24 of 74		
	All medical records an appropriate plan and services provid (b)).  This STANDARD is Based on record redetermined that the was a comprehens POC developed an outcomes evaluate 4-10), whose POCs failures impeded the meet the patients' roughly 1. Patient #2 was a diagnoses of chron and a history of druthe facility on 6/30/0 as of 9/23/08.  Patient #2's record	contain the establishment of a of treatment and of the care led (see §405.2137(a) and as not met as evidenced by: eview and staff interview, it was a facility failed to ensure there ive assessment performed, a d reassessment of patient d for 8 of 9 patients (#s 2 and as were reviewed. These a facility's ability to adequately needs. The findings include:  54 year old male with ic kidney disease, diabetes, g abuse. He was admitted to 26 and was currently a patient did not include documentation		All patients are currently be monitored for dietary, social and nursing services needs. discipline has developed a sindividualized patient assess (see attachments 6-8) that wapdated at least annually wiproviding input and direction presence of these assessment being checked during the meauditing process. (See attachments follow up. Additionally as part of the corocess, all dialysis prescrip checked against written and physician orders, including andividual Kardex.	services, Each pecific and sment form ill be th the patient n. The ts is also onthly chart ment 3) Iso written at hart audit tions will be signed	11/5/08 11/7/08
	on his needs and it	ssment and planning based did not include documentation vices provided to him as				

AND PLAN OF CORRECTION  (X1) PROVIDENSOPPLIENCLIA  IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUI		NG	COMPLETED	
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V 234	comprehensive psy assessment inform  - A psychosocial hi patient had underg and had constant patient had a historalone. A "Case Cophysician and date worker was to eval However, Patient # documentation fror indicated a compre #2 depression (i.e. frequency of sympt conducted. The sc 9/25/08 at 12 noon depressed. The sc 9/25/08 at 12 noon depressed. The sc psychosocial evalusince 2006.  - No documentation nutritional and diete therapeutic diet, or present in his reconinterviewed on 9/22 she spoke with patilaboratory results a not document this without comprehensive Potential Potenti	ychosocial and dietetic ration as follows:  story, dated 7/19/06, stated the one 31 abdominal surgeries pain. The evaluation said the ry of depression. He also lived onference" note, written by the d 7/8/08, stated the social uate the patient for depression. E2's record did not include in the social worker which shensive assessment of Patient symptoms displayed, toms, etc.) had been ocial worker, interviewed on confirmed the patient was ocial worker said no ation had been completed  on of assessing Patient #2's etic needs, recommending a dietary counseling was red in 2008. The dietician was 14/08, at 4:10 PM. She stated inters regarding their diets and at least once per month but did well.  Insive assessment information to establish an appropriate planted.	V	234			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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V 234	worker was to evalue However, Patient # planning related to worker, interviewed he had helped Patie. The social worker of depressed. The social worker of depressed in the social was interviewed on 9/24 asked, she stated to with documented specific with documented spec	uate the patient for depression. 2's record did not include care his depression. The social on 9/25/08 at 12 noon, stated ent #2 as much as anyone. confirmed the patient was icial worker said specific social place.  did not include care planning ic needs. The dietician was 1/08, at 4:10 PM. When here were no current patients occific dietary goals.  gram, indicating treatment of 12/29/06. It was not signed geon and there were no ed Long Term Programs were int's medical record. The sinterviewed on 9/25/2008 at 1/25/08 at 4 PM. He stated olans had not been updated veloped.	V 23	See Page 31 of 74		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUF AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
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V 234	- The only progress very brief notes on signs stable" and "r not contain compre the nursing care an - Weekly notes wer record. The first no "Comprehensive visup) visit". The note physical condition. and did not indicate interviewed on 9/25 Medical Director state. The dietician's not monthly on the "Inteform, only restated medication changes None of these notes was eating or drinki no additional dietary were present in the The dietician was in PM. She stated she regarding their diets least once per mont well. She said she documenting what opatients. When ask current patients with goals.	notes by the RN in 2008 were the run sheets such as "vital no complaints". The notes did hensive information related to d services he had received.  e included in Patient #2's of e of each month was labeled sit" with others labeled "(Follow s described Patient #2's The notes were not signed who had written them. When 1/08 at 10:30 AM, the facility's ated he had written the notes.  The notes were not signed existed he had written the notes.  The notes were not signed existed he had written the notes.  The notes were not signed. The notes were not notes were not signed. The notes were not notes were not signed. The notes were not notes were not notes were not signed. The notes were not notes.	V	234	See Page 31 of 74		
	included compreher						

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V 234	documentation of the provided with.  2. Patient #4 was a diagnoses of glome problems. He was 12/13/06 and was continuous for the problems.	ge 34 ne care and services he was an 89 year old male with erulonephritis and cardiac admitted to the facility on currently a patient as of	V 2	234	See Page 31 of 74		
	- No documentation #4's nutritional and	chosocial and dietetic ation as follows: n of assessment for Patient dietetic needs, recommending or dietary counseling was					
	PM. She stated she regarding their diets least once per mon well. She said she documenting what opatients. When ask current patients with	nterviewed on 9/24/08, at 4:10 e spoke with patients and laboratory results at th but did not document this was not always consistent dietary handouts she gave to ked, she stated there were no n documented assessments ment of laboratory tests and s.					
	included in Patient a history, dated 1/4/0' psychosocial proble 9/25/08 at 2 PM, sta patient to dialyze fo refused and would of minutes. The patie 9/24/08 at 8:15 AM.	ervice assessment was not #4's record. A psychosocial 7 documented no ems. The RN, interviewed on ated the physician wanted the r 4 hours but the patient only dialyze for 3 hours and 15 nt's wife, interviewed on , stated the patient often uring dialysis treatments and					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	she had to go sit wi also stated they need for transportation.  The social worker, incon, stated no proin 2008 and no social been done since 2000 without comprehent the facility's ability to of care was impeded by the patient #4's recordevelopment of a confollows:  - A Long Term Program Progra	th him to calm him down. She eded assistance with money interviewed on 9/25/08 at 12 gress notes had been written ial service assessment had 007.  Insive assessment information to establish an appropriate planed.  Indicate the comprehensive POC as gram, indicating treatment plant status, was dated of signed by the social worker regeon. No subsequent, in Programs were present in all record.  Itse was interviewed on the stated neither she nor included in the development.	V 234	See Page 31 of 74		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
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V 234	Continued From pa	ge 36	V:	234			
	noon, stated he had money for transport specific plan for soo Patient #4's needs, Additionally, the RN that the patient becaute the length of said the patient dial minutes instead of physician wanted, by tolerate a 4 hour trees.	interviewed on 9/25/08 at 12 d helped Patient #4 with tation. He also stated a cial services, which addressed had not been developed.  I stated, on 9/25/08 at 2 PM, ame anxious and had trouble time required to dialyze. She yzed for 3 hours and 15 4 hours, which is what the recause the patient could not eatment. She confirmed this assessed and was not OC.			See Page 31 of 74		
	Patient #4's record comprehensive PO						
		pdated, comprehensive to the care and services he					
	monthly on the "Inte form, restated labor medication changes None of the notes d was eating or drinki	es in 2008, documented erdisciplinary Plan of Care" atory values and noted s. The notes were not signed. ocumented what the patient ng or dietary suggestions. notes for 2008 were present					
	These were minima	notes were hand written. I, were not signed, and did not esent at the conference.					
	- No progress notes	by the social worker were					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	present in the recor on 9/25/08 ay 1:00 confirmed that no p documented during  - The only progress very brief notes on signs stable" and "r Manager was interv PM. She reviewed confirmed the omission and other between 6/9/08 and orders were signed MD was aware of cloon dition.  - Weekly notes were first note of each me "Comprehensive visup) visit". The notes physical condition.	d for 2008. When interviewed PM, the social worker rogress notes were 2008.  notes by the RN in 2008 were the run sheets such as "vital to complaints". The Nurse iewed on 9/25/2008 at 2:00 the medical record and sions.  cian orders for medication items were documented 8/25/08. None of these by the physician indicating the nanges in the patient's	V 2	234	See Page 31 of 74		
	Patient #4's record of the patient's outcome reassessed.  The facility failed to included compreher appropriate planning	did not contain evidence that les had been examined and ensure Patient #4's record sive documentation of a based on his needs and e care and services he was					
	provided with.	86 year old male with		Ann depot between the contract of the contract			

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	ROVIDER OR SUPPLIER AKE DIALYSIS CENTI	ER		16	EET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET IONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	Continued From pa	ige 38	V 2	234			
	diagnoses of end s term cardiac diseas facility on 6/28/06.	tage renal disease and long se. He began dialysis at the His last dialysis treatment 8 and he died the following	<b>V</b> 1.		See Page 31 of 34		
	a. Patient #5's recomprehensive ass areas:	ord did not include sessments in the following					
	included in Patient history was dated 7	ervice assessment was not #5's record. A psychosocial 7/26/06. An updated ation had not been completed					
	noon, stated Patien his dialysis treatme	The social worker, interviewed on 9/25/08 at 12 noon, stated Patient #5 was not compliant with his dialysis treatment "over and over again". He stated no social service assessment had been done since 2006.					
	nutritional and diete therapeutic diet, or present in his recor interviewed on 9/24 patient resided in a	n of assessing Patient #5's etic needs, recommending a dietary counseling was d in 2008. The dietician, 1/08, at 4:10 PM, stated the nursing home and had dietary home but did not have ne facility notes.					
		nsive assessment information o establish an appropriate					
		ord did not document the omprehensive POC as					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l`	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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		132304	B. WING _		10/10	0/2008
	ROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	≣R	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	- A Long Term Progmodality, was dated by the dietician or the subsequent, update present in the patient of 10 January 2008, state wt (without) 2 assist actions staff were to the patient in order comfortable during actions of the patient or to come for (trea witnesses sign AM/Epogen SQ." The reasons the patient or suggest ways to treatment.  - A run sheet for Pastated, "PT VERY COUT OF HAND WIYELLING." A run sub	gram, indicating treatment of 12/20/06. It was not signed to 12/20/20/20/20/20/20/20/20/20/20/20/20/20	V 234	See Page 31 of 74		

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE St COMPLE	
		132304	B. WIN	IG_		10/1	0/2008
	ROVIDER OR SUPPLIER	ER .		1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	noon, stated Patien his dialysis treatme confirmed no specification	t #5 was not compliant with nt "over and over again." He fic social service plan was in	V 2	:34	See Page 31 of 74		
	c. Patient #5's reco documentation of u information related was provided as follows	pdated, comprehensive to the care and services he lows:			•		
	hand written. The n	notes for Patient #5 were notes were minimal, were not include who was present at					
	comply with schedu noted in Patient #5's were dated 6/9/08 a was not dated. No			**************************************			
777	the patient record in 7/23/08). Both prog procedure the patien The Nurse Manager 9/25/2008 at 2:00 Pi						
	changes and other i	tian orders for medication tems were documented 8/12/08. None of the orders ohysician.		***************************************			

	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		132304	B. WIN	NG_		10/1	0/2008
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER .		1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	- Weekly notes wer record. The first no "Comprehensive visup) visit". The note physical condition. and did not indicate interviewed on 9/25 Medical Director states and the interviewed on 9/25 were present in the interviewed on 9/25 #5 was not complia "over and over againotes had been writ social service plan visocial service pla	e included in Patient #5's ate of each month was labeled sit" with others labeled "(Follow s described the patient's The notes were not signed who had written them. When /08 at 10:30 AM, the facility's ated he had written the notes. s by the social worker in 2008 record. The social worker, /08 at 12 noon, stated Patient nt with his dialysis treatment n. He confirmed no progress tten in 2008 and no specific	V2	234	See Page 31 of 74		
	included compreher appropriate planning documentation of th provided with.  4. Patient #6 was a	ensure Patient #5's record nsive documentation of g based on his needs and e care and services he was 61 year old female with					
7		ailure, diabetes and gan dialyzing at the facility on crently a patient as of 9/23/08.					

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		NG	COMPLE	
		132304	B. WI	۱G _		10/1	0/2008
	PROVIDER OR SUPPLIER	ER		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	a. Patient #6's recodevelopment of a cofollows:  - The RN, interview the patient frequent for dialysis treatmestopped preparing until the patient was because staff did not come or not. This patient's POC. Addated 7/18/08, statt transplant center a to be considered for patient was going to the following transplant center as the considered for patient was going to follow the considered follows.	age 42 ord did not include the comprehensive POC as  yed on 9/25/08 at 2 PM, stated tly did not present to the facility nts. She stated staff had the patient's dialysis machine is actually in the facility ot know if the patient would was not addressed on the ditionally, a social service note, and patient #6 had talked with a not needed to lose 40 pounds or transplant. The note said the o start on a weight loss to this was not addressed on	V	234	See Page 31 of 74		
	12 noon. He stated had been developed had been developed - A Long Term Program modality, was dated by a transplant surg Long Term Program patient's medical results and the condition of the patient of t	gram, indicating treatment d 12/20/06. It was not signed geon. No subsequent, updated ms were present in the ecord.  The patient Plan of Care, dated ented in the patient's clinical thad signed the POC. The pentation that Patient #6 had development of the plan of n her record.					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		132304	B. WII	√G_		10/10	0/2008
	ROVIDER OR SUPPLIER	≣R		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	follows:  - Her record include orders for medicative between 6/11/08 ar were signed by the  - Weekly notes wer first note of each m "Comprehensive visup) visit". The note physical condition. and did not indicate interviewed on 9/25 Medical Director state of the was more open "compliance seems stated the social work to see (blood sugar 7/18/08 a social service had talked with a tralose 40 pounds to be The note said the pweight loss program patient was receiving transportation. Note depression. The Social service program patient was receiving transportation. The Social service program program patient was receiving transportation. The Social service program patient was receiving transportation.	ed eight verbal physician on changes and other items of 9/15/08. None of the orders physician.  The included in the record. The onth was labeled sit" with others labeled "(Follow is described Patient #6's. The notes were not signed who had written them. When it was at 10:30 AM, the facility's ated he had written the notes.  The notes were present in the ote, dated 10/29/07, stated the nitting and crocheting. It said in than in the past and is a bit better". The note also orker was waiting on lab "test of compliance over time". On twice note stated the patient ansplant center and needed to be considered for transplant, atient was going to start on a man. The note further stated the ing financial assistance for did not address compliance or ocial Worker confirmed no ress notes were present in the cept for the 7/18/08 note, liewed on 9/25/08 at 12 noon.	V	234		** .	
	dated 7/18/08, state	ed the patient had talked with a nd needed to lose 40 pounds					

STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	
		132304	B. WIN	IG	10/1	0/2008
	OVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIF 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
toppd p Ttl Tirad p 5d Htt aaa a - pb V S pfo - di D p	patient was going to program. This was dietician and no plant patient to lose weight the facility failed to the care and service. The facility failed to included compreher appropriate planning locumentation of the provided with.  In Patient #7 was a diagnoses of renal facility since August 1 and been undergoine facility since August 2 and been undergoine facility since Au	transplant. The note said the start on a weight loss not documented by the new as documented for the new as documented for the new as documented for the new as provided to Patient #6.  ensure Patient #6's record asive documentation of grace and services she was decare and services she was as a service of the new as a service of the new as	V 2	See Page 31 of	£74	

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		NG	COMPLE	
		132304	B, WI	۱G	Management of the Company of the Com	10/10	0/2008
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTI	₽R		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	and the second s	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	eat foods prepared further stated that sidetician.  The dietician was in PM. She stated shregarding their dietileast once per mon well. She said she documenting what patients. When ascurrent patients witigoals.  The facility failed to assessment was dob. Patient #7's recomprehensive patients as follows:  There had been mas of the date of such had been receiving days at that time, at one life changing excreating additional was no specific psy for this patient. The social worker, in noon, stated a specific psy for the developed.  POC notes pertain developed.  POC notes pertain developed a plan for the social worker, in the social wo	at home from "scratch". She she had not consulted with the interviewed on 9/24/08, at 4:10 e spoke with patients and laboratory results at the but did not document this was not always consistent dietary handouts she gave to ked, she stated there were no hidocumented specific dietary ensure comprehensive	V	234	See Page 31 of 74		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		132304	B. WING _	No feer work was the short his first feer all and feer and a feer was who have a way to be a feet of the state of the stat	10/1	0/2008
	ROVIDER OR SUPPLIER	≣R	1	REET ADDRESS, CITY, STATE, ZIP CODE - 164 SOUTH 5TH STREET MONTPELIER, ID 83254	. •	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	achieved. Under the plan stated, "monitor with no specific active would be monitored taken.  - A Long Term Programodality, was dated by a physician, a didocumenting their indevelopment of the development of the - An Interdisciplinar 9/08, was found in the documented the pawhen the patient's v 9/22/08 at 3:00 PM, patient did not know her understanding the foods prepared from - Patient #7's record 8/20/2008, which can continue the patient with the patient was change in dialyzer sorder, dated 8/20/20 2K/2.5Ca dialysate reflecting the POC, bath was being usefound for a change Because of deficien was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient was not receiving diprescribed by the document of the patient	de heading "Potassium," the or K+ food intake/ K+ bath" on as to how food/K+ bath or what actions would be gram, indicating treatment is 8/20/2008. It was not signed etician or a transplant surgeon evolvement in the Program.  If y Patient Plan of Care, dated the clinical record. It tient's signature. However, wife was interviewed, on she stated that she and the what a care plan was. It was that the patient could only eat in "scratch".  If included an MD order, dated alled for a dialyzer size F160. It was used to set up for daily C called for using a F200 size is no MD order found for the dialy. Additionally, an MD 2008, called for use of a bath. However, the Kardex, showed a 3K/2.5Ca dialysate dialysate bath. It care planning, the patient alysis treatments as octor.	V 234	See Page 31 of 74		
	outcome were asse	rd did not show that his ssed, nor does it show the e was receiving as follows:				

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		G	COMPLE	
		132304	B. WIN	IG_		10/10	)/2008
	ROVIDER OR SUPPLIER	ER .	······································	16	EET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET IONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	found in the clinical the patient's physic not signed and did  - No nursing progre Patient #7's record. interviewed on 9/25 reviewed the above confirmed the omis  - Dietician progress conference dated 9 K+ foods" and "doe same wt." Patient was marked as "NA Information related or drinking or dietar included on the not The dietician was in PM. She stated sh regarding their diets least once per mon well. She said she documenting what opatients. When asl current patients with goals.  - Patient #7's record orders, dated 8/20/6 MD orders written be that were unsigned.	nce note, dated 9/18/08, was record. it vaguely described al condition. However, it was not include a medication list.  Its sess notes were present in The Nurse Manager was 1/2008 at 2:00 PM. She medical record and sions.  Inotes, recorded in the case 1/1/08 consisted of, "monitor s not gain much/occ loss or 1/2"s serum phosphorus level to what Patient #7 was eating by suggestions were not es.  Interviewed on 9/24/08, at 4:10 e spoke with patients and laboratory results at the but did not document this was not always consistent dietary handouts she gave to ked, she stated there were no in documented specific dietary dishowed initial dialysis MD 1/28, as well as 6 subsequent between 8/20/08 and 9/19/08	V2	2234	See Page 31 of 74		
		g based on his needs, and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		132304	B. WING _		10/10	0/2008
	ROVIDER OR SUPPLIER	≣R	1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	documentation of the provided with.  6. Patient #8 was a diagnoses of renal admitted to the facinal admitted and the son and was an admitted and the facinal admitted by the address additional admitted the facility had a social admitted that a facility had a fac	ne care and services he was no 89 year old female with failure and diabetes. She was lity on 6/5/2006.  Ord did not include ressments in the following sesments in the following with an include ressment on the patient was living with an including services assessment on the the patient was living with an including mechanical requiring mechanical requiring mechanical fers. There was no contact social Worker since 8/2006 to needs associated with the ependence and mobility. On 9/23/08 at 9:00 AM, the she did not know that the worker. Interviewed on 9/25/08 at 12 at there were no psychosocial sent in the chart since 2006.	V 234			
	documented in her	ave appropriate assessments clinical record. This failure y from meeting the patient's				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		132304	B. WIN	IG_		10/10	)/2008
	ROVIDER OR SUPPLIER	:R	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
V 234	Continued From pa current needs.	ge 49	V 2	234			
	b. Patient #8's reco documentation of a follows:	ord did not contain comprehensive POC as			See Page 31 of 74		
	modality, was dated the signatures of a surgeon documenti development of the	gram, indicating treatment if 6/5/2006. It did not contain social worker or a transplant ng their involvement in the Program. No subsequent, a Programs were present in al record.					
	1/7/08, was include contained the patient the patient was inte AM, she stated that	y Patient Plan of Care, dated d in the clinical record. It nt's signature. However, when rviewed on 9/23/08 at 8:00 "I just let the girls do what ". She was not aware of the grence.					
	9/25/08 at 1:00 PM, the patients' signatu conferences had tal that the patients we	ken place. She also stated re not invited to the care at the care conferences take					
	noon, stated a spec	interviewed on 9/25/08 at 12 ific plan for social services, atient #8's changing needs, oped.					
	"Nutrition", a goal of There was no plan	DC, under the heading f "Albumin > 3.5" was stated. developed as to how this Another note stated "pt. lives		***************************************			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	ULTIPLI LDING	E CONSTRUCTION	(X3) DATE SI COMPLE	
		132304	B. Wil	IG		10/1	0/2008
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER .		164	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH 5TH STREET NTPELIER, ID 83254	: .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
V 234	in SNF. Diet/meals/by dietician". The peen recorded belowith no action docured. Patient #8's recordocumentation of usinformation related was provided as follows provi	protein supplements directed patient's Albumin level had aw 3.5 for the past nine months mented to correct this.  Ord did not contain pdated, comprehensive to the care and services she lows:  It found only within the case the category "fluids," the only consecutive months was to port fluid restriction. There tion that the care plan had e patient had been educated, on individual treatment sheets sistently left the unit after ans over her dry weight, which cator that the patient was of fluid, potentially affecting unctions.  Atterviewed on 9/24/08, at 4:10 to spoke with patients and laboratory results at the but did not document this was not always consistent dietary handouts she gave to red, she stated there were no in documented assessments ment of laboratory tests and services and services and services and services are the patient was on as "pt. sleeping" and "vital Nurse Manager was /2008 at 2:00 PM. She	V	234	See Page 31 of 74		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SI COMPLE	
		132304	B. WIN	G	10/1	0/2008
	ROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER .		STREET ADDRESS, CITY, STATE, ZI 164 SOUTH 5TH STREET MONTPELIER, ID 83254	IP CODE	· name of the second se
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
V 234	confirmed the omis  There were no So documented. The services whith needs, had not bee were record. The first not "Comprehensive visup" visit". The note physical condition, and did not indicate interviewed on 9/25 Medical Director state The facility failed to included comprehen appropriate planning documentation of the provided with.  7. Patient #9 was a diagnoses of renal to She was admitted to a. Patient #9's record documentation of a follows:  A Long Term Programodality, was dated the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signatures of a position of a transport of the signature of a position of a transport of the signature of a position of a transport of the signature of a position of the signature of t	cial Service progress notes social worker, interviewed on stated a specific plan for ch addressed Patient #8's n developed.  e included in Patient #8's of each month was labeled sit" with others labeled "(Follow s described the patient's The notes were not signed who had written them. When 1/08 at 10:30 AM, the facility's lated he had written the notes.  ensure Patient #8's record insive documentation of g based on her needs, and he care and services she was 60 year old female with failure, diabetes and stroke. The the facility on 3/28/2008.	V 2	See page 31 o	f 74	
	Program.	Patient Plan of Care, initiated				
1						

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION   (X3) MULTIPLE CONSTRUCTION   (X4) MULTIPLE CONSTRUCTION   (X5) MULTIPLE CONSTRUCTION   (X6) MULTIPLE CONSTRUCTION   (X7) MULTIPLE CONSTRU			COMPLETED				
		132304	B. WI	۱G		10/10	)/2008
	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTI	≣R		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	4/7/08, in the patier were standardized not an area where Patient #9, could be b. Patient #9's record documentation of uniformation related was provided as for Review of the record been in a facility dudialysis. She then alone. No additions care plan reflecting style, support group ADLs or medication - Interdisciplinary P the patient's record placement of a periplaced on 5/21/08. under the heading access placed and removed ASAP". Indocumented after the Interdisciplinary Prodocumented a phonon No definitive plan we referencing further work up.  When the Director 9/25/08 at 1:00 PM further had been do patient a transplant the patient was resident.	ant's record. All patient needs by the computer. There was additional needs, inherent to a addressed.  Indid not contain updated, comprehensive to the care and services she flows:  Indid showed Patient #9 had ring the first two months of went home, where she lived all needs were identified on the this patient's change in life or need for assistance with administration.  Indicate the content of	V	234	See page 31 of 74		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		132304	B. WIN	G	***************************************	10/1	0/2008
	ROVIDER OR SUPPLIER	ER .		164	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH 5TH STREET NTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	Continued From pa	ge 53	V 2	34			
	time of 3.75 hours to 5/3/2008 an MD ord change in treatment documented. Reviews howed the patient' remained at 3 hours MD order. The Karindicated a dialyzer dated 7/15/2008, casize to an F200. A 4/4/2008, called for 3K/2.5Ca. An MD of that a 1K/ 2.5Ca dialysate date of review of daily treatment "one time review of daily treat 1K/ 2.5Ca dialysate date of review, 9/24 subsequent MD ord the continued use of the statement was a subsequent was a subsequent manual	4/4/2008, stated a treatment hree times a week. On der indicating a "one time only" time to 3 hours was ew of treatment sheets is treatment time had a since the time of the 5/3/08 dex, used for daily treatments, size of F160. An MD order, alled for a change in dialyzer lso, an MD order, dated a dialysate bath strength of order, dated 8/11/2008, stated alysate bath be used for a only". The Kardex and ment sheets showed that a bath was continued until the /2008. There was no ler, after 8/11/08, indicating of the 1K/2.5Ca dialysate bath. If flect the changes in the			See page 31 of 74		
	time of admission winpatient at the hosp by the Social Worker patient was dischard alone, to address at associated with this Further, a Social W Case Conference, correlatives stated wo Social Worker wrote doctor. His plan of a see if M.D. prescrib	sessment was done at the when the patient was an oital. No contact or follow up or was documented when the ged home, where she lived dditional patient needs change.  orker note was included in the lated 8/15/08. It said rried about depression". The extra the had notified the action consisted of "wait and es". No further notes were the outcome for the patient or					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN			
		132304	B. WING _		10/10	)/2008
	ROVIDER OR SUPPLIER	ĒR	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET IONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	Continued From participation of patient's behalf. Winterviewed on 9/25 had worked with Participation of 2.5 had worked with Participation of 2.6 had worked with a patient was malnous admission to the distriction of 2.6 had by laboratory values of 2.6 had patient. No dietary in the record after the was later discharge alone. No document record showing dietary of the change, such obtain groceries and The dietician was in PM. She stated should be said she documenting what opatients. When as current patients with beyond the restater medication change.	y the Social Worker on the hen the Social Worker was 5/08 at 12 noon, he stated he atient #9 on several issues, but e were no Progress Notes to tivities.  dietary assessment was done tient in the hospital. The trished at the time of her alysis facility, as documented as that showed an Albumin level Albumin level was 3.5 or progress notes were present he initial assessment. She of home, where she lived attain was present in her tary reassessment for potential have been present as a result in as the patient's ability to differ progress and present as a result in the patient's ability to differ progress and laboratory results at the but did not document this was not always consistent dietary handouts she gave to ked, she stated there were no in documented assessments ment of laboratory tests and	V 234			
	appropriate plannin	g based on her needs, and ne care and services she was				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG		X3) DATE SURVEY COMPLETED	
		132304	B. WIN	IG_		10/10	)/2008	
	ROVIDER OR SUPPLIER	ER		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
V 234	diagnoses of renal	a 73 year old male with failure, diabetes and ilure. He started dialysis cility on 6/02/08.	V2	234	See page 31 of 74			
		essment information as						
	documented in the preferences, likes of Nutritional education family" under the he	nplete dietary assessment was patient's record. No food or dislikes were noted. In said, "handouts to pt. and eadings "diet lab relationship" out tips". No further cation notes were						
	PM. She stated she regarding their diets least once per monwell. She said she documenting what opatients. When ask current patients with	terviewed on 9/24/08, at 4:10 e spoke with patients and laboratory results at the but did not document this was not always consistent dietary handouts she gave to ked, she stated there were no in documented assessments nent of laboratory tests and s.						
	b. Patient #10's recodocumentation of a follows:	ord did not contain comprehensive POC as						
	it was documented pain back/hips". The with each/tx, provide comfort measures v	OC under the heading "Pain", that the "pt. usually has c/o e plan stated "Assess pain e comfort measures". No vere recommended. For four ction was listed as "cont. to						

	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  (X2) MULTIPLE CONSTRUCTION  (X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED				
		132304	B. Wit	√G _		10/10	0/2008
	ROVIDER OR SUPPLIER	iR		-	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
V 234	assess pain". Ther as to pain relief meetine patient had decided.  - MD orders, dated flow rate of 600ml/m on 9/19/08 and use parameters, indicate 800ml/minute. No lin the dialysate flow POC was not compreflect the dialysis parameters, indicated the patient of 10/2/08, indicated a sused for the patient of 10/2/08, indicated with 10/2/08 and 10/2/08 and 10/2/08 and 10/2/08 orders of 10/2/08 orders a change in the dialy POC did not reflect prescription.  The Nurse Manager at 2:00 PM. She revecord and confirmed	e were no recommendations asures and no indication that reased pain.  6/2/08, indicated a dialysate ninute. The Kardex, updated d for daily treatment ed dialysate flow rate of MD order, indicating a change rate, was documented. The rehensive in that it did not rescription.  6/2/08, did not specify a gth. A treatment sheet, dated 3K/2.5Ca dialysate bath was as treatment. The ient Care Plan, dated 7/7/08, as being treated with a bath. The Interdisciplinary lated 9/3/08, stated the patient with a 2K/2.5Ca dialysate bath. s, dated 9/10 through 9/24/08 t was being treated with a bath. There were no MD during the time period 6/2/08 g a dialysate bath strength or yeate bath strength. The the prescribed dialysis  Twas interviewed on 9/25/08 wiewed Patient #10's medical and that care plans were not	V	234			
	an Interdisciplinary I	clinical record was reviewed, Patient Plan of Care, dated d. It contained the patient's					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER .	`	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254	a Alicenter en construir en cons	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 234	signature. Howeve Patient #10 had part of the plan of care with When the Nurse May 9/25/08 at 1:00 PM the patients' signature conferences had tat that the patients we	r, no documentation that ticipated in the development was included in his record.  anager was interviewed on she stated that she obtained ures after the care ken place. She also stated re not invited to the care at the care conferences take	V :	234	See page 31 of 74		
	The facility failed to POC was develope  c. Patient #10's red documentation of u	ensure a comprehensive d for Patient #10.  cord did not contain pdated, comprehensive to the care and services he					
	when he began dial (6/25/07). Patient # updated assessmenthat date. The social 9/25/08 at 12 noon,	ocial assessment was done ysis treatments at the facility 10's record did not include an at or social work notes since al worker, interviewed on stated a specific plan for ch addressed Patient #8's a developed.					
	documented in Patie documentation cons values onto the POG interviewed on 9/24, she spoke with patie laboratory results at not document this walways consistent decument the patients of the p	tary Progress Notes ent #10's record. Dietician sisted of copying laboratory C. The dietician was /08, at 4:10 PM. She stated ents regarding their diets and least once per month but did rell. She said she was not ocumenting what dietary to patients. When asked, she					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		132304	B. WING		10/1	0/2008
	PROVIDER OR SUPPLIER	ER	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 234	stated there were r	age 58 no current patients with sments beyond the pratory tests and medication	V 234	See page 31 of 74		
V 241	comprehensive info and services Patie	imentation of updated, ormation related to the care nt #10 was provided. CAL RECORD: PROGRESS	V 241			
	progress notes.  This STANDARD Based on medical interview, it was de medical records co 9 patients (#s 2 an records were revie- inability of the facili	is not met as evidenced by: record review and staff termined the facility to ensure intained progress notes for 6 of d 4 - 9), whose medical wed. This resulted in the ty to show evidence of		Each discipline will meet and each patient's current situation them and document any issues concerns identified in the interdisciplinary progress note monthly. This is to include the physician, dietary, social servinursing.	n with s or es at least	11/3/08
	The findings includ  1. Patient #2 was a diagnoses of chron and a history of druthe facility on 6/30/as of 9/23/08. His complete progress  a. No progress no present in the reco  b. The only progre were very brief note "vital signs stable"	a 54 year old male with ic kidney disease, diabetes, ig abuse. He was admitted to 06 and was currently a patient record did not include notes as follows:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		132304	B. WING		10/10	0/2008
	ROVIDER OR SUPPLIER	R	1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 241	monthly on the "Interform, only restated medication changes None of these notes was eating or drinking."  d. Weekly notes we record. The first no "Comprehensive visup) visit". The note physical condition. and did not indicate interviewed on 9/25 Medical Director state. The Nurse Manage 9/25/2008 at 2:00 Periodical records and 2. Patient #4 was at diagnoses of glome problems. He was 12/13/06 and was 09/23/08. His record progress notes as for a. No progress notes as for a. No progress notes as for a. No progress notes as for a. The only progress were very brief note "vital signs stable" at c. The dietician's note monthly on the "Interform, restated labor medication changes None of the notes of the no	erdisciplinary Plan of Care" laboratory values and noted s. The notes were not signed as documented what the patient ing or dietary suggestions.  Bere included in Patient #2's of each month was labeled sit" with others labeled "(Follow is described Patient #2's in the notes were not signed who had written them. When with at 10:30 AM, the facility's lated he had written the notes.  In was interviewed on the M. She reviewed the above in the confirmed the omissions.  In 89 year old male with the process of the second complete ollows:  The social worker were were second with social worker were second complete ollows:	V 241	See page 59 of 74		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
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<b>***</b> ****	ROVIDER OR SUPPLIER	ER .		·	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 241	d. Weekly notes we The first note of eac "Comprehensive visup) visit". The note physical condition. and did not indicate interviewed on 9/25 Medical Director states The Nurse Manage 9/25/2008 at 2:00 P medical records and 3. Patient #5 was at diagnoses of end st term cardiac diseas facility on 6/28/06. occurred on 8/20/08 week. His record d progress notes as for a. Three forms title comply with schedu noted in Patient #5's were dated 6/9/08 a was not dated. No the record which do to the forms including assessment, and according to the patient record 7/23/08). Both progrecedure the patient	ere included in the record. ch month was labeled sit" with others labeled "(Follow is described Patient #4's The notes were not signed who had written them. When /08 at 10:30 AM, the facility's ated he had written the notes.  If was interviewed on M. She reviewed the above diconfirmed the omissions.  If 86 year old male with age renal disease and long age. He began dialysis at the His last dialysis treatment and he died the following did not include complete follows:  If "Refusal of OR failure to led dialysis treatment" were as record. Two of these forms and 6/13/08. The third form mursing notes were present in cumented the events related and causes, patient of causes, patient of causes notes were included and 10008 (dated 7/21 and aress notes involved a ant was having done. The RN of nursing notes in the record	V	241			
٠	c. Weekly notes we	ere included in Patient #5's					

TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 241  Continued From page 61 record. The first note of each month was labeled "Comprehensive visit" with others labeled "(Follow up) visit". The notes described the patient's physical condition. The notes were not signed and did not indicate who had written them. When interviewed on 9/25/08 at 10:30 AM, the facility's Medical Director stated he had written the notes.  The Nurse Manager was interviewed on 9/25/2008 at 2:00 PM. She reviewed the above medical records and confirmed the omissions.  4. Patient #6 was a 61 year old female with diagnoses of renal failure, diabetes and depression. She began dialyzing at the facility on 5/30/06 and was currently a patient as of 9/23/08. Her record did not include complete progress notes as follows:  a. The social worker, interviewed on 9/25/08 at 12 noon, stated he had worked on several issues with Patient #6. However, only 2 social service notes were present in Patient #6's record between 9/23/07 and 9/23/08. The first note, dated 10/29/07, stated the patient had been knitting and crocheting. It said she was more open than in the past and "compliance seems a bit better". The note also stated the social worker	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254			132304	B. WI	1G		10/1/	0/2008
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 241  Continued From page 61 record. The first note of each month was labeled "Comprehensive visit" with others labeled "(Follow up) visit". The notes described the patient's physical condition. The notes were not signed and did not indicate who had written them. When interviewed on 9/25/08 at 10:30 AM, the facility's Medical Director stated he had written then notes.  The Nurse Manager was interviewed on 9/25/2008 at 2:00 PM. She reviewed the above medical records and confirmed the omissions.  4. Patient #6 was a 61 year old female with diagnoses of renal failure, diabetes and depression. She began dialyzing at the facility on 5/30/06 and was currently a patient as of 9/23/08. Her record did not include complete progress notes as follows:  a. The social worker, interviewed on 9/25/08 at 12 noon, stated he had worked on several issues with Patient #6. However, only 2 social service notes were present in Patient #6's record between 9/23/07 and 9/23/08. The first note, dated 10/29/07, stated the patient had been knitting and crocheting. It said she was more open than in the past and "compliance seems a bit better". The note also stated the social worker			ER		1	64 SOUTH 5TH STREET		
record. The first note of each month was labeled "Comprehensive visit" with others labeled "(Follow up) visit". The notes described the patient's physical condition. The notes were not signed and did not indicate who had written them. When interviewed on 9/25/08 at 10:30 AM, the facility's Medical Director stated he had written the notes.  The Nurse Manager was interviewed on 9/25/2008 at 2:00 PM. She reviewed the above medical records and confirmed the omissions.  4. Patient #6 was a 61 year old female with diagnoses of renal failure, diabetes and depression. She began dialyzing at the facility on 5/30/06 and was currently a patient as of 9/23/08. Her record did not include complete progress notes as follows:  a. The social worker, interviewed on 9/25/08 at 12 noon, stated he had worked on several issues with Patient #6. However, only 2 social service notes were present in Patient #6's record between 9/23/07 and 9/23/08. The first note, dated 10/29/07, stated the patient had been knitting and crocheting. It said she was more open than in the past and "compliance seems a bit better". The note also stated the social worker	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
was waiting on lab "test to see (blood sugar) compliance over time". The 7/18/08 social service note stated the patient had talked with a transplant center and needed to lose 40 pounds to be considered for transplant. The note said the patient was going to start on a weight loss program. The note further stated the patient was receiving financial assistance for transportation. The social worker confirmed no social service notes were present in the record for 2008 except for the 2 above mentioned notes.	V 241	record. The first no "Comprehensive visup) visit". The note physical condition, and did not indicate interviewed on 9/25 Medical Director state The Nurse Manage 9/25/2008 at 2:00 Pmedical records and 4. Patient #6 was a diagnoses of renal depression. She be 5/30/06 and was culter record did not inotes as follows:  a. The social worke 12 noon, stated he with Patient #6. Ho notes were present between 9/23/07 and dated 10/29/07, stated 10/29/07, s	ote of each month was labeled sit" with others labeled "(Follow is described the patient's). The notes were not signed a who had written them. When 1/08 at 10:30 AM, the facility's ated he had written the notes. It was interviewed on 1/2 M. She reviewed the above in displaying at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, diabetes and the gan dialyzing at the facility on the failure, and several issues the failure of the patient as a second the gan dialyzing at the second the gan dialyzing at the social worker the failure of the failure of the patient had talked with a failure of the patient had talked with a failure of the patient had talked with a failure of the patient was a further stated the patient was a further the failure of the patient was a further stated the patient was a further the patient was a further the patient was a further the	V	241	See page 59 of 70		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 241	5. Patient #8 was a diagnoses of renal admitted to the facil did not include come a. Nursing notes co on the run sheets s signs stable".  b. There were no didocumented.  c. There were no Social documented.  d. The MD progress June, July and Augustian, July and Augustian, July and Augustian, July and Augustian She was admitted to The record did not it as follows:  a. There were two is present in a five most through September were confined to consheets such as "nagended".  b. There was one social did not it as follows:	an 89 year old female with failure and diabetes. She was lity on 6/5/2006. The record plete information as follows:  Insisted only of brief remarks uch as "pt. sleeping" and "vital etary progress notes  Social Service progress notes  Insisted only of brief remarks uch as "pt. sleeping" and "vital etary progress notes  Insisted only of brief remarks uch as "pt. sleeping" and "vital etary progress notes  Insisted only of brief remarks uch as "pt. sleeping" and "vital etary progress notes  Insisted only of brief remarks uch as "pt. sleeping" and stroke. Insisted etary progress notes up the daily run oping, sitting up and treatment etary progress notes the five month period of time from time etary progress notes the five month period of time	V 2	241	See page 59 of 70		
		,					

PRINTED: 10/24/2008 FORM APPROVED OMB NO. 0938-0391

CENTE	KS FUR MEDICARE	& MEDICAID SERVICES	· ,		OMB NO. (	J938-039T
	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		132304	B. WING		10/10/	/2008
NAME OF F	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
BEAR L	AKE DIALYSIS CENTI	≣R ————————————————————————————————————		164 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
V 241	7. Patient #7 was a diagnoses that included and Multiple Myelor facility on 8/20/2008/20/08 to 9/22/08 not include complete	74 year old male with uded ESRD, prostatic cancer ma. He was admitted to the B. His medical record from was reviewed. The record did the information as follows:	V 241	See page 59 of 70		
	conference dated 9 K+ foods" and "doe same wt." Patient is was marked as "NA Information related	ss notes, recorded in the case /1/08 consisted of, "monitor s not gain much/occ loss or #7's serum phosphorus level a" on the care conference. to what Patient #7 was eating y suggestions were not es.				
	dated 8/20/08, as worders written between unsigned.	ved initial dialysis MD orders, vell as 6 subsequent MD een 8/20/08 and 9/19/08 that				
V 423	reassessed in a tim 405.2161(b)(2) RES STAFF The responsibilities include but are not	ensure that patients were sely manner. SPONSIBILITIES: TRAINING of the physician-director limited to assuring adequate and technicians in dialysis	V 423	All staff responsible for water monitoring have been further eand trained regarding proper proper An in-service that had been given past was revisited with staff mand a handout regarding many	educated rocedures. ven in the embers aspects of	11/4/08
	Based on observati determined the faci	s not met as evidenced by: on and staff interview, it was lity failed to ensure technicians as techniques including water		water treatment was also given members. (See attachment 10) has also been placed in the water treatment room to allow for ch	A timer ter	•

testing. This resulted in the inability of the facility

samples to sit 3-5 minutes.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN C	OF CORRECTION .	IDENTIFICATION NOMBER.	A. BUILDIN	IG	COMPLE	160
		132304	B. WING_		10/1	0/2008
NAME OF F	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
BEAR LA	AKE DIALYSIS CENTE	≣R		MONTPELIER, ID 83254		
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID .	PROVIDER'S PLAN OF CORREC	TION	/46)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 423	Continued From pa	ge 64	V 423		,	
	to ensure water wa use. The findings i	s properly tested and safe for nclude:		See page 64 of 74		
V 440	9/24/08 at 10:30 AM demonstrate chloring the water and then reading the results. testing equipment is combined with the minutes prior to testing equestioned and starthe water needed to 405.2163 MINIMAL	water treatment system on M, the technician was asked to be testing. The tech sampled waited 15 seconds prior to The package insert for the stated the water should be reagent and should sit for 3-5 ting. The technician was ted she did not know how long to sit prior to testing.  SERVICE REQUIREMENTS		Each member of the interdiscip		11/5/08
	as adequate labora	tory, social, and dietetic e needs of the ESRD patient.	: ]	team will meet with each patien perform an initial assessment or	nt and f the	
	Based on record re determined that the and dietetic service	s not met as evidenced by: view and staff interview it was facility failed to provide social s to meet the needs of ESRD	j	patient's needs and concerns. The assessments will be specific and individualized. (See attachment	i s 6-8)	
	omissions resulted	alative effect of these systemic in the inability of the facility to al service and dietary needs. e:	T t	Additionally at least monthly ea nember of the interdisciplinary will meet with each patient and heir specific needs and concern	team discuss s. These	
	failure to ensure the psychosocial evalua			conversations will be document nterdisciplinary progress notes.		
	notes.	, and maintained progress	· n	These items will also be a part of monthly chart auditing process a	and will	÷
	failure to ensure the responsibility for as needs, recommend	s it relates to the facility's dietitian assumed sessing nutritional and dietetic ing therapeutic diets, and on prescribed diets.		e checked for accuracy against hysician's orders monthly		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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.,,,	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	≣R	1	REET.ADDRESS, CITY, STATE, ZIP COI 64 SOUTH 5TH STREET MONTPELIER, ID 83254	DE .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
V 447	RESPONSIBILITIE  The qualified social conducting psychos in team review of parecommending chat the patient's curren providing casework patients and their faspecial problems as identifying commun resources and assist utilize them.  This STANDARD is Based on staff interreview, it was deternensure the social we evaluations, develor maintained progres 2 - 9) whose record failures impeded the needed social service include:  1. Patient #2 was a diagnoses of chroniand a history of druthe facility on 6/30/0 as of 9/23/08. A ps 7/19/06, stated the abdominal surgeries evaluation said the depression. He live psychosocial evaluation said the depression. He live psychosocial evaluation and social worker was to social worker wa	S worker is responsible for social evaluations, participating	con invo	ial services have been and verification to be present and actively of the patient care planstings held monthly. Additional worker will meet with earthly to discuss their specification of each patient chart.  The patient chart and the chart auditing product of the chart auditing product and all social services are that all social services are ssments are complete and ut annually.	rely nning nally the ch patient c needs issues in otes ocess the check to	11/3/08	

NAME OF PROVIDER OR SUPPLIER  BEAR LAKE DIALYSIS CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISE IDENTIFYING INFORMATION)  V 447  Continued From page 66 worker in 2008 were present in the record. The social worker, interviewed on 9/25/08 at 12 noon, stated he had helped Patient 42 as much as anyone. The social worker said no progress notes had been written in 2008 and no specific social service plan was in place. The social worker social worker, interviewed on 9/25/08 at 12 noon, stated Patient #3 was a 91 year old male with diagnoses of chronic kidney disease and diabetes. He was admitted to the facility on 7/2/08 for his first dialysis ever and was currently a patient as of 9/23/08. The social worker, interviewed on 9/25/08 at 12 noon, stated Patient #4 was an 89 year old male with diagnoses of glomerulonephritis and cardiac problems. He was admitted to the facility on 12/1/3/06 and was currently a patient as of 9/23/08. A psychosocial revolutions were documented. The RN, interviewed on 9/25/08 at 2 PM, stated the physician wanted the patient to dialyze for 4 hours and 15 minutes. The patient's wife, interviewed on 9/25/08 at 2 PM, stated the physician wanted the patient to dialyze for 4 hours and 15 minutes. The patient's wife, interviewed on 9/25/08 at 12 noon, stated he had helped Patient #4 with money for transportation.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
Summary statement of Deficiencies   Summary statement of Deficiencies   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FILLT TAG			132304	B. WIN	IG		10/1	0/2008
PRÉERIX TAG  REGULATORY OR LSG IDENTIFYING INFORMATION)  V 447  Continued From page 66  worker in 2008 were present in the record. The social worker, interviewed on 9/25/08 at 12 noon, stated he had helped Patient #2 as much as anyone. The social worker confirmed the patient was depressed. The social worker said no progress notes had been written in 2008 and no specific social service plan was in place. The social worker said no psychosocial evaluation had been completed since 2006.  2. Patient #3 was a 91 year old male with diagnoses of chronic kidney disease and diabetes. He was admitted to the facility on 7/2/08 for his first dialysis ever and was currently a patient as of 9/23/08. The social worker, interviewed on 9/25/08 at 12 noon, stated Patient #3's psychosocial evaluation had not been completed.  3. Patient #4 was an 89 year old male with diagnoses of glomerulonephritis and cardiac problems. He was admitted to the facility on 12/13/06 and was currently a patient as of 9/23/08. A psychosocial history was dated 1/4/07. No psychosocial history was dated 1/4/07. No psychosocial history was dated 1/4/07. No psychosocial problems were documented. The RN, interviewed on 9/25/08 at 2 PM, stated the physician wanted the patient to dialyze for 4 hours but the patient foren became anxious during dialysis treatments and she had to go sit with him to calm him down. She also stated they needed assistance with money for transportation. No social service progress notes for 208 were present in the record. The social worker, interviewed on 9/25/08 at 12 noon, stated he had	- "		ER		16	4 SOUTH 5TH STREET		
worker in 2008 were present in the record. The social worker, interviewed on 9/25/08 at 12 noon, stated he had helped Patient #2 as much as anyone. The social worker social worker said no progress notes had been written in 2008 and no specific social service plan was in place. The social worker said no psychosocial evaluation had been completed since 2006.  2. Patient #3 was a 91 year old male with diagnoses of chronic kidney disease and diabetes. He was admitted to the facility on 7/2/08 for his first dialysis ever and was currently a patient as of 9/23/08. The social worker, interviewed on 9/25/08 at 12 noon, stated Patient #3's psychosocial evaluation had not been completed.  3. Patient #4 was an 89 year old male with diagnoses of glomerulonephritis and cardiac problems. He was admitted to the facility on 12/13/06 and was currently a patient as of 9/23/08. A psychosocial problems were documented. The RN, interviewed on 9/25/08 at 2 PM, stated the physician wanted the patient to dialyze for 4 hours but the patient refused and would only dialyze for 3 hours and 15 minutes. The patient's wife, interviewed on 9/24/08 at 8:15 AM., stated the patient often became anxious during dialysis treatments and she had to go sit with him to calm him down. She also stated they needed assistance with money for transportation. No social service progress notes for 208 were present in the record. The social worker, interviewed on 9/25/08 at 12 noon, stated he had	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
The social worker said no progress notes had	V 447	worker in 2008 were social worker, interstated he had helpe anyone. The social was depressed. The progress notes had specific social servisocial worker said rependence of the completed single 2. Patient #3 was a diagnoses of chrone diabetes. He was a 7/2/08 for his first dapatient as of 9/23 interviewed on 9/25 #3's psychosocial ecompleted.  3. Patient #4 was a diagnoses of glome problems. He was 12/13/06 and was 12/13/06 and was 12/13/06. A psychosocial ecompleted. The Italy 2 PM, stated the phecial year for 4 hours Italy would only dialyze for 5 hours Italy	e present in the record. The viewed on 9/25/08 at 12 noon, ed Patient #2 as much as I worker confirmed the patient he social worker said no been written in 2008 and no ce plan was in place. The no psychosocial evaluation had ace 2006.  If 91 year old male with ic kidney disease and admitted to the facility on ialysis ever and was currently /08. The social worker, /08 at 12 noon, stated Patient evaluation had not been with erulonephritis and cardiac admitted to the facility on currently a patient as of social history was dated social problems were RN, interviewed on 9/25/08 at sysician wanted the patient to but the patient refused and or 3 hours and 15 minutes. Interviewed on 9/24/08 at 8:15 ent often became anxious ments and she had to go sit in down. She also stated they with money for transportation. Togress notes for 208 were d. The social worker, /08 at 12 noon, stated he had with money for transportation.	V	147	See page 66 of 74		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION  LDING		(X3) DATE SURVEY COMPLETED	
		132304	B. WIN	iG	10/1	0/2008	
	ROVIDER OR SUPPLIER	≣R		STREET ADDRESS, CITY, STATE, 164 SOUTH 5TH STREET MONTPELIER, ID 83254	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PRÉFIX TAG	1	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
V 447	4. Patient #5 was a diagnoses of end sterm cardiac diseas facility on 6/28/06. occurred on 8/20/08 week. A psychosod An updated psychocompleted since than ursing home in 20 documented the pate A POC, dated 4/7/0 needed constant er dialysis treatments.  A run sheet, dated CONFUSED AND OWITH STAFF, SWE run sheet, dated 7/2 TX, PT BECAME UPSET/AGGRESS TO TAKE HIM OFF AND ONE ON ONE TO 3 HOURS". Tw 2008 documented the asking to leave treat notes by the social in the record. The selection over again. He combeen written in 2008 service plan was in 5. Patient #6 was a service plan was in the record was a service plan was a ser	8 and no specific social place.  an 86 year old male with tage renal disease and long se. He began dialysis at the His last dialysis treatment and he died the following cial history was dated 7/26/06. social evaluation had not been at date. The patient lived in a 08. Run sheets in 2008 tient was confused at times. 8, documented the patient accuragement to come for 6/2708, stated "PT VERY GETTING OUT OF HAND EARING AND YELLING". A 23/08, stated "DURING THE IVE/YELLING AT NURSES TX. MUCH REASSURANCE REQUIRED TO GET HIM to other run sheets in August the patient was agitated and timent early. No progress worker in 2008 were present social worker, interviewed on stated Patient #5 was not ialysis treatment "over and firmed no progress notes had and no specific social place.	V 4				
	diagnoses of renal f						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	JRVEY
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	ROVIDER OR SUPPLIER  AKE DIALYSIS CENTI	≣R		1	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 447	5/30/06 and was cu. Only 2 social service 9/23/07 and 9/23/07 10/29/07, was superhad been knitting a more open than in the seems a bit better." social worker was well (blood sugar) composcial service note the patient had talk needed to lose 40 ptransplant. The patient had talk needed to lose 40 ptransplant. The patient loss program was receiving finant transportation. The compliance or deprinterviewed on 9/25 worked on several in confirmed no social the record for 2008. He stated no specificate had multiple Myelor facility on 8/20/2008 with Social Services 9/22/08. The patier services for over this experienced more to just prior to his admipsychosocial needs	irrently a patient as of 9/23/08. The first note, dated official. It stated the patient and crocheting. It said she was the past and "compliance". Finally, the note said the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting on lab "test to see official of the vaiting of vaiting o	V ·	147	See page 66 of 74		
		n 89 year old female with					,

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	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTE	ER		1	REET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH 5TH STREET MONTPELIER, ID 83254	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 447	admitted to the facil Social Services assistime the patient was ambulatory. Since transferred to a SN requiring mechanical There had been no Social Worker since needs associated windependence and social Worker since as a sociated windependence and social Worker since and social Worker since and social was a diagnoses of renal to She was admitted to psychosocial assession when the hospital. No co Worker was docum discharged home, vaddress additional public change. Further included in the Case It said "relatives stated to the Social Worker was doctor. His plan of a see if M.D. prescrib documented about the said to the said t	lity on 6/5/2006. She had a sessment on 8/25/06. At that is living with her son and was that time, the patient had and a sistance for transfers. Contact documented by the execution 8/2006 to address additional with the patient's loss of		147	See page 66 of 74		
V 449	conducted psychoso patient's needs or p the facility's dialysis	ensure the social worker ocial evaluations, assessed rovided casework services to patients.  TIAN RESPONSIBILITIES	V 4	49			
	physician, is respon	sultation with the attending sible for assessing the tic needs for each patient,			See page 71 of 74		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  132304			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  AKE DIALYSIS CENTI	R		1	REET ADDRESS, CITY, STATE, ZIP COI 64 SOUTH 5TH STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
V 449	recommending their patients and their fa and monitoring adh.  This STANDARD is Based on review of interview, it was de ensure the dietitian assessing nutritions recommending their patients on prescribe to provide services whose records were impeded the facility received appropriate.  1. Theh medical received appropriate the received appropriate the reviewed. The received appropriate the receiv	rapeutic diets, counseling amilies on prescribed diets, erence and response to diets.  Is not met as evidenced by: clinical records and staff termined the facility failed to assumed responsibility for all and dietetic needs, rapeutic diets, and counseling ped diets. The dietician failed to 8 of 9 patients (#s 2 - 9) are reviewed. These failures is ability to ensure patients a diets. The findings include:  cords of Patients #2 - 9 were ords did not included comprehensive dietetic ning, education and monitoring a 54 year old male with a ckidney disease and admitted to the facility on rrently a patient as of 9/23/08. The notes for 2008 were present occumentation of assessing and and dietetic needs, erapeutic diet, or dietary sent in his record in 2008.  191 year old male with a kidney disease and dimitted to the facility on alysis ever and was currently on all every even and every even even and e	i i i i i i i i i i i i i i i i i i i	continuo nuo nuo nuo nuo nuo nuo nuo nuo nuo	cary services have been and inue to be present and activelyed in the patient care plartings held monthly. Additionating held monthly and the patient with each patient to discuss their specific document any concerns or interdisciplinary progress not on of each patient chart.  For the chart auditing property administrator will also care that all dietary assessment plete and updated at least and education given to or province the education given to or province the education of the chart education (See attachment 9)	rely nning nally the atient c needs ssues in otes ocess the check to outs are	11/3/08

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  BEAR LAKE DIALYSIS CENTER				16	REET ADDRESS, CITY, STATE, ZIP CODE 64 SOUTH 5TH STREET NONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 449	dietary evaluation in c. Patient #4 was a diagnoses of glome problems. He was 12/13/06 and was 09/23/08. No dietary present in the recorrassessing Patient # needs, recommend dietary counseling v 2008.  d. Patient #5 was a diagnoses of end st term cardiac diseas facility on 6/28/06. occurred on 8/20/08 week. No dietary present in the recorrassessing Patient # needs, recommend dietary counseling v 2008. The dietician 4:10 PM, stated the home and had dieta but did not have do notes.  e. Patient #6 was a	ad not been completed.  In 89 year old male with erulonephritis and cardiac admitted to the facility on currently a patient as of progress notes for 2008 were d. No documentation of 4's nutritional and dietetic ing a therapeutic diet, or was present in his record in an 86 year old male with tage renal disease and long ie. He began dialysis at the His last dialysis treatment and he died the following rogress notes for 2008 were d. No documentation of 5's nutritional and dietetic ing a therapeutic diet, or was present in his record in interviewed on 9/24/08, at patient resided in a nursing ary notes in the nursing home cumentation in the facility  61 year old female with	V 4	149	See page 71 of 74		
	5/30/06 and was cu No progress notes to in the record for 200 dated 7/18/08, state transplant center and to be considered for	failure, diabetes and egan dialyzing at the facility on the facility on the facility apatient as of 9/23/08. By the dietician were present on the patient had talked with a did needed to lose 40 pounds transplant. The note said the estart on a weight loss					

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		132304	B. WII	1G		10/1	0/2008
NAME OF PROVIDER OR SUPPLIER  BEAR LAKE DIALYSIS CENTER				16	EET ADDRESS, CITY, STATE, ZIP CODE 4 SOUTH 5TH STREET ONTPELIER, ID 83254		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
V 449	dietician and no pla patient to lose weight for Patient #8 was a diagnoses of renal admitted to the faci documentation of a nutritional and diete therapeutic diet, or present in her recorprogress notes for record. The dieticia 4:10 PM, stated the home and had diete but did not have do notes.  g. Patient #9 was a diagnoses of renal She was admitted the initial dietary, as was a patient in the malnourished at the documented by laboral she was 3.5 or higher, were present in the assessment. She was 3.5 or higher, were present in the assessment. She where she lived alo present in her recorreassessment for phave been present such as the patient and prepare adequate.  h. Patient #7 was a diagnose of renal such as the patient and prepare adequate.	in not documented by the an was documented for the plot.  In 89 year old female with failure and diabetes. She was lity on 6/5/2006. No assessing this patient's etic needs, recommending a dietary counseling was red in 2008. No dietary 2008 were present in the an, interviewed on 9/24/08, at a patient resided in a nursing ary notes in the nursing home cumentation in the facility  a 60 year old female with failure, diabetes and stroke. The patient was a time of her admission as coratory values that showed and the Acceptable Albumin level No dietary progress notes record after the initial was later discharged home, ne. No documentation was red showing dietary otential problems that may as a result of the change, sability to obtain groceries		149	See page 71 of 74		
		going dialysis treatments at					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER BEAR LAKE DIALYSIS CENTER				STREET ADDRESS, CITY 164 SOUTH 5TH STR MONTPELIER, ID	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	R'S PLAN OF CORREC ECTIVE ACTION SHO ENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
V 449	the facility since Au documentation that assessment had be During interview on patient's wife indica patient's meals. She misconceptions about was her understande eat foods prepared further stated that sidetician.  Dietician progress reconference dated 9 K+ foods" and "doe [occasional] loss or phosphorus level we care conference. In Patient #7 was eating suggestions were not the dietician was in PM. She stated she regarding their diets least once per monimal. She said she documenting what opatients. When ask current patients with goals.  The facility failed to each patient's need.	gust, 2008. There was no a thorough dietary een done for Patient #7. 9/22/08 at 3:00 PM, the ted that she prepared the	V 4.		e 71 of 74		